#### Page 1 of 17

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

2019 OCT 10 AM 9: 52

Do Not Mark in This FOW MITAMPORITY CLERK

BRISTOL. CT

#### **COVER PAGE**

270 270 d are man as a				
CE BRISTOL.	BRISTOL,	BRI	7	CF

1. NAME OF COMMITTEE				115		在建筑基础		346	<b>新</b> 经济等 4
Ellen for Mayor									
2. TREASURER NAME		355 23					1545	1644	
First		МІ	Last						Suffix
Wyland		D		Clift				10 Yang 12 W 20 A 2 1 1 1 1 1	AND AND ARREST SPECIAL COMPANIES.
3. TREASURER ADDRESS Street Address	H.J. GARES		City	103				T7:- C	
1175 South Main Street, Unit 9		i	City <b>Pla</b> i	ntsville			State CT	Zip Co 064	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only į	f Candidat	? Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor							(if applicable	)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator			<b>美景</b> 套	<b>15</b>	表記的表記		175	
First		MI		Last					Suffix
Ellen		A		Zoppo	-Sassu				
8. TYPE OF REPORT (Check One Box)	是300日春息	1888	Ž6	1312					
O January 10 filing	7th day preced	ling primary		7th	day preceding refere		Initial Cont (PACs ONLY)	ribution o	· Disbursement
April 10 filing	●30 days follow	ing primary	,	<b>O</b> 45	days following refere	ndum -	Amendmen	•	
July 10 filing	7th day preceding ele		ing			Type of Report:			
October 10 filing			10 filing						
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No								
9. PERIOD COVERED				ÎŽŽ				7 3	
	Beginning Dat	e			Ending Date				
	07/01/2019			thru	09/30/2019				
-			-						
10. CERTIFICATION				<b>设施</b>	i i i sadda.	<b>多语者</b> 。		46	14215
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance  Disclosure Statement for the period covered is true, accurate and complete.									
Treasurer or deputy treasure	er (signature)	_		nd Dale	e Clift OF SIGNER		_	10/10/2 DATE (	2019 mm/dd/yyyy)
		£ £ £ £		111		医氯质 直引	64561	<b>香養</b>	

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Ellen for Mayor	TYPE OF REPORT October 10				
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0			
12. Balance on hand at the beginning of Reporting Period	10,994.97				
13. Contributions Received from Individuals (Sections A and B)	11,294.95	23,874.95			
14. Receipts from Other Committees (Sections C1 and C2)	0	500.00			
15. Other Monetary Receipts (Sections D through K)	0	0			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	A CONTROL OF THE CONT				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	100.00	100.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	11,394.95	24,474.95			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	22,389.92	24,474.95			
19. Expenses Paid by Committee (Section P)	2,830.45	4,915.48			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	19,559.47	19,559.47			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0			
23. In-Kind Contributions Received (Section M)	0	0			
24. Refundable Deposit to Telephone Company (Section N)	0	0			
25. Loan Balance	0				
25a. + Loans Received (Section D)	0	0			
25b. + Interest and Penalties on Loan	0	0			
25c Payments on Loan	0	0			
25d. Total Outstanding Loan Amount	0				
26. Campaign Expenses Paid by Candidate (Section Q)	0	0			
27. Expenses Incurred on Committee Credit Card (Section R)	0	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0				

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete I	Vame as ,	Registered with Filing Repository)	111		TYPE OF REPORT	143		
Ellen for Mayor					October 10			
A. Total Contributions from (See instructions for definition of Smo				is Period ONLY DTAL SECTION A	\$0			
		B. Itemized Cor		utions from Indivi	duals	1		
Last Name Sassu			Firs	st lichael			MI	
Residential Street Address			City	licriaei		T <sub>0,-45</sub>	Ta:- 0-4s	
112 Fox Hollow			Bristo	ol		State	Zip Code 06010	
Principal Occupation				Name of Employer			1000.5	
Insurance Executive				Gallagher Bassett	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	contribution is in excess of \$400 t es contributor or business he/she ued at more than \$5,000?				y, <b>Amo</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contract	nch or b	ranches	_ O No			
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit	Card (	Payroll Deduction OMoney	Order	07/14/2019	100.00			
Last Name			Firs				MI	
Labadia		<u> </u>		rcole		T-		
Residential Street Address 61 Dorset Way		ŧ	City Bristo	ol.		State CT	Zip Code 06010	
Principal Occupation			Disc	Name of Employer		01	100010	
Retired				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to see contributor or business he/she is used at more than \$5,000?	o a cand is associ	I didate for a chief executive intention in a chief executive intention in a contract Yes Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or b	oranches	te contractor?  Yes No Legislative			
Method of Contribution:				Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit	Card (	Payroll Deduction Money		07/06/2019	50.00			
Smith			Firs	ohn			MI	
Residential Street Address			City			State	Zip Code	
103 Tuttle Road			Bristo	ol		СТ	06010	
Principal Occupation Retired				Name of Employer Retired		1	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to se contributor or business he/she is ued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a st <i>If yes</i> , indicate which bran of government the contract	ich or bi	ranches	e contractor?  O Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit	Card (	Payroll Deduction OMoney	Order	Date Received 07/01/2019	Aggregate Contributions 50.00			
	Piletin September	SUBT	ОТАІ	L Section B — This	Page 200.00			
		TOTAL	of ad	ditional Section B P	ages 11,094.95			
TOTAL OF	ALL (	CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page T		.,		

## Section B ADDITIONAL PAGE 1 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ontribu	itions from Indivi	duals				
Last Name	Firs				MI		
Caron		mberly			A		
Residential Street Address 69 Massachusetts Drive	City Bristo	ol		State CT	Zip Code 06010		
Principal Occupation		Name of Employer		<u> </u>	<del></del>		
BSA/AMZ Analyst		Liberty Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Section 1 If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a cand e is associ	lidate for a chief executive intended with have a contract OYes ONo	e officer of a municipality with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	ey Order	7/17/2019	50.00				
Last Name	First	t			MI		
Clift	w	yland			D		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
1175 South Main Street, Unit 9	Plants	sville		СТ	06479		
Principal Occupation		Name of Employer			<del></del>		
Attorney		Steeg & Clift					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she valued at more than \$5,000?	to a cand e is associ	lidate for a chief executive ated with have a contract Yes  No	e officer of a municipality with said municipality	/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which bra of government the contra	anch or b	ranches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/19	200.00				
Last Name	Firs				MI		
Danish	M	ahrang			X		
Residential Street Address	City			State	Zip Code		
1175 Farmington Avenue, Apt 3-212	Bristo	bl		СТ	06010		
Principal Occupation	1	Name of Employer			<del>4</del>		
Banker	j	Webster Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/she valued at more than \$5,000?	to a cand	lidate for a chief executive ated with have a contract O Yes O No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or br	anches	C Contractor? OYes ONo				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/2019	25.00				
SUB1	TOTAL	Section B — This	Page 175.00	<u></u>			
TOTAL	L of add	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A		<del></del>			
		· · · · · · · · · · · · · · · · · · ·	in the second of				

# Section B ADDITIONAL PAGE 2 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
	4 • • •		¥			(1094)	
		outions from Indivi	duals				
Last Name Grant	1	Ginger					MI L
Residential Street Address	City				State	Zip	Code
13 Bethel Street	Brist	tol			СТ	06	010
Principal Occupation		Name of Employer					
Administrator		Armoloy of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?					/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra: of government the contraction of government the contraction.	nch or	branches		No			
Method of Contribution:	······	Date Received	Aggregate	Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/2019	25.00				
Last Name	Fi	rst					MI
Matthews	K	Catherine					L
Residential Street Address	City			· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
47 Prospect Place	Brist	ol			CT	06	010
Principal Occupation		Name of Employer					
Attorney		Gold Levy					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	<b>⊙</b> No			
Method of Contribution:		Date Received		Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/18/19	350.0	0			
Last Name	Fir	rst	Lawrence .				MI
Krell	F	Paul					
Residential Street Address	City				State	Zip	Code
86 Vine Road	Brist	tol			CT	06	010
Principal Occupation		Name of Employer					
Retired		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes No No If yes, indicate which brain of government the contract of government the contract of section L1?	nch or l	branches	e contract	<b>O</b> No			
Method of Contribution:		Date Received	Aggregate	Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/18/2019	100.00	)			
SUB1	гота	L Section B — This	Page 2	225.00			
ТОТАІ	of ac	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM							
		umn A of Summary Page					

#### Section B ADDITIONAL PAGE 3 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Ellen for Mayor		October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$			
	ntributions from Indivi	duals			
Last Name	First			MI	
Garces	Eduardo			A	
Residential Street Address 178 Gridley Street	City Bristol		1	Zip Code <b>06010</b>	
Principal Occupation	Name of Employer		<u> </u>		
Member	Café Real LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			, Amoun	et of Contribution	
	state contractor or prospective star	te contractor? Yes OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/2019	50.00			
Last Name	First			MI	
Rao	Maureen				
	City		- 1	Cip Code	
233 Woodland Street	Bristol		CT (	06010	
Principal Occupation Systems Analyst	Name of Employer UHG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amoun 25.00	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes No If yes, indicate which brain of government the contract	_	te contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/19	25.00			
Last Name	First			MI	
Bilodeau	David				
	City			Zip Code	
214 Stevens Street	Bristol		CT	06010	
Principal Occupation	Name of Employer				
none	none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of Yes of State of			, Amoun 50.00	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes   Is contributor a principal of a s  If yes, indicate which brar of government the contract		_ ONo			
Method of Contribution:	Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order 7/18/2019	50.00			
SUBT	OTAL Section B — This	Page 125.00			
TOTAL	of additional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections A 13, Column A of Summary Page		<del></del>		
(Line) with the 1	o, communica of Summing Page	20.003)			

# Section B ADDITIONAL PAGE 4 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ( SUBTOTAL SECT		\$			
B. Itemized Con	tributions fro	m Indivi	luais			
Last Name	First					MI
Courchaine	Thomas					L
	City Bristol			State	Zip (	Code 010
Principal Occupation	Name of Empl ESPN, In	-				,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source of \$400 to does contributor or business he/she is valued at more than \$5,000?		re a contract		y, Ame		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes Is contributor a principal of a st  If yes, indicate which brancof government the contract	tate contractor or pro-	spective state	contractor? Yes  OLegislative		10	
Method of Contribution:	Date Received	I	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	Order 7/18/201	19	20.19	`		
Last Name	First					MI
Tyler	Susan			_		L
	City Bristol			State	Zip C	Code <b>010</b>
Principal Occupation	Name of Empl	loyer		1		
Realtor	Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?		e a contract		y, <b>Am</b> o		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Section L1?  No  Yes  No  Is contributor a principal of a st  If yes, indicate which bran  of government the contract	ch or branches		e contractor? Yes No Legislative			
Method of Contribution:	Date Received		Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney O	Order 7/18/19		50.38			
Last Name	First					MI
Wilson	Christopher	•				С
	City Bristol			State CT	Zip C	Code 010
Principal Occupation	Name of Empl	loyer		L		
Owner/Proprietor	C.V. Mas	son & Co.	Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		e a contract		y, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Section L1?  No  Yes No No If yes, indicate which brane of government the contract	ch or branches	•	Contractor? OYes ONo			
Method of Contribution:	Date Received		Aggregate Contributions	٦		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	Order 7/18/201	9	50.00			
SUBTO	OTAL Section E	B — This	Page 120.57			
TOTAL	of additional Se	ection B P	ages	-		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13					<i>.</i>	
The Assessment of the Assessme	,					

# Section B ADDITIONAL PAGE 5 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ellen for Mayor		•	October 10					
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$					
				a augustus t				
Last Name		butions from Indivi	duals					
Vigue		Lindsay			В			
Residential Street Address	City			State	Zip Code			
26 Avon Lane	Bri	stol		CT	06010			
Principal Occupation		Name of Employer						
Photographer		Lindsay Vigue Ph	otography					
	ss he/she is ass	candidate for a chief executive sociated with have a contract OYes ONo		y, Amo	ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of the section L1?  If yes, list Event # 7/18/19	hich branch o		_ <b>⊙</b> №					
Method of Contribution:		Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (	Money Orde	er 7/18/2019	100.00					
Last Name		First			MI			
Sullivan		Sarah			D			
Residential Street Address	City			State	Zip Code			
155 Ashley Road	Bri	stol		СТ	06010			
Principal Occupation		Name of Employer		L				
Marketing Manager		ESPN, Inc						
	s he/she is ass	candidate for a chief executive sociated with have a contract Yes No		/, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principle of the section L1?  If yes, list Event # 7/18/19	hich branch o		No					
Method of Contribution:		Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (	Money Orde	7/18/19	25.00	l				
Last Name		First			MI			
Ghio	l	Rory			F			
Residential Street Address	City			State	Zip Code			
700 Hill Street	Bri	stol		СТ	06010			
Principal Occupation		Name of Employer		L	A			
	s he/she is ass	candidate for a chief executive sociated with have a contract Yes No		y, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a princip If yes, indicate who of government the	nich branch o		⊙No.					
Method of Contribution:	······································	Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	er 7/18/2019	100.00					
	SUBTOT	AL Section B — This	Page 225.00	<del></del>				
	OTAL of	additional Section B I	ages					
TOTAL OF ALL CONTRIBUTIONS	FROM IN	DIVIDUALS (Sections A	(A + B)					
(Enter total o	on Line 13, C	olumn A of Summary Page	i otals)					

# Section B ADDITIONAL PAGE 6 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Peri SUBTOTAL S		\$				
		TV 1, 2001, 1997, 1997, 1997					
B. Itemized Co		from Indivi	duals				
Last Name Petosa	First Michael				L MI		
Residential Street Address	City			State	Zip Code		
30 Walnut Street	Bristol			СТ	06010		
Principal Occupation	1	f Employer		_			
Supv. Ed. Safety & Health	State	of CT Work	er's Compensation	Comis	sion		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit			y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or branches	-	O No				
Method of Contribution:	Date Re		Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18	/2019	200.00				
Last Name	First	<del></del>		<u> </u>	MI		
O'Brian	Thomas	;					
Residential Street Address	City			State	Zip Code		
271 Center Street	Bristol			СТ	06010		
Principal Occupation	Name of	Employer					
O'Brien Funeral Home	Fune	ral Director					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit			/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or branches		_ ONo				
Method of Contribution:	Date Rea	ceived	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18	/19	300.00				
Last Name	First				MI		
O'Brien	Marie				С		
Residential Street Address	City			State	Zip Code		
272 Center Street	Bristol			СТ	06010		
Principal Occupation	i	Employer					
Retired	none						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit			y, Amo	ount of Contribution 00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Section L1?  Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches		e contractor?  OLegislative				
Method of Contribution:	Date Re		Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/	2019	300.00				
SUB1	FOTAL Secti	on B — This	Page 200.00				
TOTAL	L of addition	al Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line							
			L				

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE <sup>7</sup> of <sup>49</sup>

Administrative Assistant    Anderson, Reynolds, & Lynch, PC	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
B. Itemized Contributions from Individuals    First	Ellen for Mayor			October 10			
Tan Name Harlow Residential Storest Address 31 Peppermint Lane Residential Storest Address Administrative Assistant Residential Storest Address All Peppermint Lane Residential Storest Address All	를 잃어 마음이 사용되었습니다. 이번 사용을 통해 보면 이렇게 하면 하는데 보고 있습니다. 이번 사용하는데 사용하는데 보다 하는데 보고 사용하는데 보다 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른			\$			
Tare Name		14 14444					
Residential Street Address 31 Peppermint Lane Principal Occupation Administrative Assistant Securitizator as biblysis, spouse, or dependent child of a lobbysis? Some of Employer Anderson, Reynolds, & Lynch, P.C Some of Employer Anderson, Reynolds, & Lynch, P.C Some of Employer Anderson, Reynolds, & Lynch, P.C If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Visualization more than \$5,000 of government the contribution of properties state contractor of prospective state contractor of \$7,000 of government the contribution of properties of the state of properties of properties of properties state contractor of prospective state contractor of \$7,000 of government the contract of two properties of properties state contractor of \$7,000 of government the contract of two properties state contractor \$7,000 of government the contract of two properties of the properties of the properties of government the contract of two properties of government of two properties of government with and manicipality of government the contract of two properties of government of two properties of government with and manicipality of government of two properties of go				duals			
Same   Cay	†	1					1
31 Peppermint Lane   Bristol   Sume of Employer   Administrative Assistant   Anderson, Reynolds, & Lynch, PC			∍aroi	<del></del>			<u></u>
Name of Employee   Anderson, Reynolds, & Lynch, PC   Econtribution is in occess of \$400 to a candidate for a chief executive officer of a municipality, but the contribution is in occess of \$400 to a candidate for a chief executive officer of a municipality of the contribution of the contribution of the contribution is in occess of \$400 to a candidate for a chief executive officer of a municipality of the contribution associated with an executive of the contribution of the contribution of contribution associated with an executive of the contribution of contribution associated with an executive of the contribution of the contribution of contribution of government the contract is with the contribution of a contribution of processes of the contribution of the contri		1 -	1.1		į	1 ^	
Administrative Assistant  Anderson, Reynolds, & Lynch, PC  Is contribution a lobbysis, spouse, or dependent child of a lobbysis  No descontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  Yes went reported in Section L1?  No lyne, in Event # 7/18/19  Amount of Contribution  Ocala Personal Check Credit/Debit Card Payroll Deduction Money Order  Principal Occupation  Principal Companion  Principal Companion  Principal Companion  Project Engineer  Is contribution associated with an event reported in Section L1?  Yes Indicates which branch or branches of government the contract is with examination of government the contract is with:  Date Received  Aggregate Contribution  Amount of Contribution  20.19  Amount of Contribution  Principal Occupation  Principal	31 Peppermint Lane	Bus	toi		CI	06	6010 
Is contribution a leibhysist, spouse, or dependent child of a lobbysist? No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribute on sessions health is associated with have a contract with said municipality and session in the contract is with.    Second   Private   Privat	Principal Occupation  Administrative Assistant		1	lde & Lynch PC			
odes contributor or business he/shis is associated with any earn of the contribution associated with an event reported in Section L12  ### / ###			<u> </u>	-			
event reported in Section L17 Hyre, list Ivent # 7/19/19 Method of Countribution:  Cleab   Personal Check   Occasion   Oc	or dependent child of a lobbyist? One does contributor or business he/sh		ciated with have a contract				of Contribution
Method of Contributions  Cash Dersonal Check Occodit/Debit Card Payroll Deduction Money Order  First Richard  City Bristol  City Bristol  City Bristol  City Bristol  City Despermint Lane  Project Engineer  Stortifuture a lobbysit, spouse, or dependent child of a lobbysit?  Stortifuture of Stortifuture or business he/she is associated with an exercised with a place of government the contract is with:  Date Received 7/18/19  Amount of Contribution 20.19  Amount of Contribution 20.19  State City O6010  Amount of Contribution 20.19  Amount of Contribution 20.19  Amount of Contribution 20.19  State Contribution 20.19  Amount of Contribution 20.19  Executive O Legislative Date Received Principal of a state contract is with:  Date Received Principal Computions  Place Received Principal Computions  City Bristol  City O6010  Principal Occupation  Retified  Stortifutor a lobbysit, spouse, or dependent child of a lobbysit) of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, dose contribution of branches  City Bristol  City Bristol  City Bristol  City Bristol  City O6010  Principal Occupation  Retified  Stortifutor a lobbysit, spouse, or dependent child of a lobbysit) of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, dose contribution or business he/she is associated with have a contract with said municipality of government the contract is with:  Date Received Principal Occupation  Retified  Stortifutor a lobbysit, spouse, or dependent child of a lobbysit) of some femployer none  Thomas  City Cyc, indicate which branch or branches  Occupation  Name of Employer  Principal Occupation  Principal Occupation  Name of Em	event reported in Section L1? No If yes, indicate which br	anch or	branches	No No			
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   7/18/2019   20.19		uct is wi			$\dashv$		
Residential Street Address 31 Peppermint Lane Project Engineer  So contributor a lobbyist, spouse, or dependent child of a lobbyist?  So this contribution associated with an event reported in Section L1?  Tyes, inst Event # 7/18919  Method of Contribution  Residential Street Address  651 Lake Avenue, Unit 38  Residential Street Address  652 City Principal Occupation  Retified  So contributor a lobbyist, spouse, or dependent child of a lobbyist?  Thomas  City Principal Occupation  Residential Street Address  651 Lake Avenue, Unit 38  Principal Occupation  Retified  So contributor a lobbyist, spouse, or dependent child of a lobbyist?  State Contribution associated with an event reported in Section L1?  Tyes, instituent is with:  Date Received  Aggregate Contributions  State  City Date Received  Aggregate Contributions  State  City Definition  State  City Definition  State City Definition  State City Definition  Residential Street Address  State City Occupation  Residential Street Address  State City Definition  State City Occupation  Residential Street Address  State City		ey Order					
Residential Street Address 31 Peppermint Lane    City	Last Name	1					MI
State   Aggregate Contribution   State   Sta	Harlow	F	Richard				J
Principal Occupation Project Engineer  Secontributor a lobbyist, spouse, or dependent child of a lobbyist?  So contributor a lobbyist, spouse, or dependent child of a lobbyist?  So contributor a lobbyist, spouse, or dependent child of a lobbyist?  So latitis contribution associated with an event reported in Section L1?  Byes, indicate which branch or branches of government the contract is with.  So latitis contribution:  So latitis contribution associated with an event reported in Section L1?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of 800 to 10 to	Residential Street Address	City			State	Zip	Code
Project Engineer    Pratt & Whitney	31 Peppermint Lane	Brist	tol		CT	06	6010
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Payroll Deduction Money Order  Residential Street Address  651 Lake Avenue, Unit 38  Principal Occupation  Retified  Southfibutor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  Yes No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  Yes No  No  If contributor a principal of a state contractor or prospective state contractor?  Yes No  No  If contributor a principal of a state contractor or prospective state contractor?  Ocash Opersonal Check Ocredit/Debit Card Payroll Deduction Money Order  First Thomas  City  Bristol  Name of Employer  none  Southfibutor a lobbyist, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist spouse, o	Principal Occupation		Name of Employer				W
descontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Ocash O'Personal Check O'Credit/Debit Card O'Payroll Deduction O'Money Order  Cash Name  Residential Street Address  651 Lake Avenue, Unit 38  Principal Occupation  Retified  So contributor a principal of a state contract is with:  Ocash O'Personal Check O'Credit/Debit Card O'Payroll Deduction O'Money Order  First Thomas  City  Bristol  CT  O6010  Name of Employer  none  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist?  No  Is contributor a principal of a state contractor or prospective state contractor?  Ocash O'Personal Check O'Credit/Debit Card O'Payroll Deduction O'Money Order  First Thomas  City  Bristol  Name of Employer  none  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist or descontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event of prospective state contractor?  Ocash O'Personal Check O'Credit/Debit Card O'Payroll Deduction O'Money Order  Total of additional Section B — This Page  First Thomas  Amount of Contribution  Data Received  Aggregate Contributions  One  Data Received  Aggregate Contributions  One  Data Received  Ocash O'Personal Check O'Credit/Debit Card O'Payroll Deduction O'Money Order  Total of additional Section B Pages  TOTAL of ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Project Engineer		Pratt & Whitney				
Principal Occupation Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No of government the contract is with:    Name of Employer   Name of Employer   No of Employer	or dependent child of a lobbyist? On loss contributor or business he/she is associated with have a contract with said municipality						
Method of Contributions:  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/18/19 20.19  Last Name Ragaini Residential Street Address 651 Lake Avenue, Unit 38  Principal Occupation Retired Street Address 652 Lake Avenue, Unit 38  Principal Occupation Retired Street Address 653 Lake Avenue, Unit 38  Principal Occupation Retired Street Address 65400 to a candidate for a chief executive officer of a municipality, and one contribution associated with an obes contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000?  Is this contribution associated with an of government the contract is with:  Off yes, list Event # 7/18/19  Substitution of Substitution Payroll Deduction Money Order  Substitution of Substitution Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? On No If yes, indicate which br	ranch or	branches	No			
Last Name Ragaini Thomas  City Residential Street Address 651 Lake Avenue, Unit 38  Principal Occupation Retired  State First Thomas  City Bristol  Name of Employer none  State CT 06010  Name of Employer none  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No descontributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate Contributions  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Method of Contribution:		Date Received	Aggregate Contributions	1		
Regidential Street Address 651 Lake Avenue, Unit 38  Principal Occupation Retired  State   Zip Code   CT   O6010  Name of Employer   none   State   CT   O6010  Name of Employer   none   none   State   CT   O6010  Name of Employer   none   none   none   none   none   none   State   CT   O6010  Name of Employer   none   n	OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order	7/18/19	20.19			
Residential Street Address  651 Lake Avenue, Unit 38  Principal Occupation  Retired	Last Name	Fi	irst				MI
Bristol  Bristol  CT 06010  Principal Occupation  Retired  Name of Employer none  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  CT 06010  Name of Employer none  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  CT 06010  Amount of Contribution of Contribution of a chief executive officer of a municipality, does contribution of a sassociated with have a contract with said municipality valued at more than \$5,000?  Yes No  If contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, list Event # 7/18/19  Date Received  7/18/2019  Aggregate Contributions  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  TOTAL of additional Section B Pages  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Ragaini	7	Γhomas				J
Bristol  CT 06010  Principal Occupation Retired  Name of Employer none  Scontributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  Principal Occupation Name of Employer none  Name of Employer none  Agency a chief executive officer of a municipality, does contributor or business he/she is associated with ave a contract with said municipality valued at more than \$5,000?  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  Yes, indicate which branch or branches of government the contract is with:  Date Received 7/18/2019  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor and section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  Is contributor is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, does contractor or prospective with said municipality, valued at more than \$5,000?  Yes No  1s contributor or principal of a state contractor or prospective state contractor?  Is contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Date Received Aggregate Contributions  20.00  Amount of Contribution  20.00  Total Of additional Section B Pages	651 Lake Avenue, Unit 38	Brist	tol		СТ	1	
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution a candidate for a chief executive officer of a municipality, does contribution at contract with said municipality, and a contract with said municipality valued at more than \$5,000?  Yes No  Substitute of a chief executive officer of a municipality, does contribution at contract with said municipality, and so	Principal Occupation		Name of Employer		i	<u></u>	*
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Method of Contribution:  Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Retired		none				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  No  If yes, indicate which branch or branches of government the contract is with:  Date Received  This Page  One  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	or dependent child of a lobbyist? One lose contributor or business he/sh		ciated with have a contract		1		of Contribution
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1?	anch or	branches	_ ONo			
Ocash       OPersonal Check       OCredit/Debit Card       OPayroll Deduction       OMoney Order       7/18/2019       20.00         SUBTOTAL Section B — This Page         TOTAL of additional Section B Pages         TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		act 15 WII		, <del></del>	$\dashv$		
TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		ey Order	7/18/2019				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUB	тота	L Section B — This	Page 60.38			
	TOTA	L of a	dditional Section B P	ages		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

# Section B ADDITIONAL PAGE 8 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Ellen for Mayor		October 10	October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONI SUBTOTAL SECTION					
B. Itemized Co	ntributions from In	dividuals				
Last Name	First			MI		
Garces	Paola			Α		
Residential Street Address	City		State	Zip Code		
104 West Sreet	Bristol		CT	06010		
Principal Occupation	Name of Employer					
Police Officer	City of Bristol					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co		y, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes   Is contributor a principal of a section L1?  If yes, list Event # 07/18/19	nch or branches	ve state contractor? Yes utive OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/2019	25.00				
Last Name	First			MI		
Walsh	Kerry			p		
Residential Street Address	City		State	Zip Code		
115 Federal Street	Bristol		CT	06010		
Principal Occupation	Name of Employer		<del></del>			
Director of Operations	For Goodnes	s Sake, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No				Amount of Contribution 21.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	nch or branches	ve state contractor?  ONO  Sutive O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/19	21.00				
Last Name	First			MI		
Schur	Debra			Α		
Residential Street Address	City		1	Zip Code		
6 Pilgram Road	Bristol		CT	06010		
Principal Occupation	Name of Employer					
Officer Manager	Brooks Oil Se	ervice				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO Wood on the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	ecutive officer of a municipality ntract with said municipality No	y, Amou 25.00	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes   Is contributor a principal of a section L1?  If yes, list Event # 07/18/19	nch or branches	O <sub>No</sub>				
Method of Contribution:  Date Received Aggregate Contributions						
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order 7/18/2019	25.00				
SUBT	OTAL Section B—	This Page 71.00				
TOTAL	of additional Section	n B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Secti					

#### Section B ADDITIONAL PAGE <sup>9</sup> of <sup>49</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Ellen for Mayor			October 10	tober 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$					
B. Itemized Co.	ntrih	utions from Indivi	duals		4. 7.W			
Last Name		rst	<b>V</b>			MI		
Scotti	A	Anthony				V		
Residential Street Address	City	······································		State	Zip	Code		
258 Oakland Street	Brist	tol		СТ	06	6010		
Principal Occupation	L	Name of Employer		L				
Teacher	Plainville Board							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				ount o	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes   Is contributor a principal of a s   If yes, indicate which brancof government the contraction of government the contraction.	nch or l	branches	e contractor? Yes  OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/18/2019	200.00					
Last Name	Fi	rst	<u> </u>			MI		
Rosado	s	Scott				Р		
Residential Street Address	City	·		State	Zip	Code		
472 Stafford Avenue	Bristol			СТ	1 ^	010		
Principal Occupation		Name of Employer		1				
Homecare		M.R. Homecare						
	does contributor or business he/she is associated with have a contract with said municipality					of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Yes Is contributor a principal of a significant which brain of government the contract of government the contract.	nch or	branches	_ O No					
Method of Contribution:		Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/18/19	50.00					
Last Name	Fin	rst	L			MI		
Boyd	Δ	\nn				M		
Residential Street Address	City			State	Zip	Code		
7 Twiss Avenue	Meri	den		CT	06	8450		
Principal Occupation		Name of Employer		*				
Homecare		M.R. Homecare						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo		of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/18/19  Section L1?  No  Is contributor a principal of a solution of government the contract of government the government the government of government	nch or l	branches	No					
Method of Contribution:	AN VVIL	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/18/2019	25.00	Ì				
SUBT	ГОТА	L Section B — This	Page 275.00					
TOTAL	of ac	dditional Section B I	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page			**********			

#### Section B ADDITIONAL PAGE 10 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	TYPE OF REPORT							
Ellen for Mayor				October 10				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			is Period ONLY DTAL SECTION A	\$				
R Itamiza	d Cont	rihı	utions from Indivi	dnols				
Last Name	u Cont	Fire	CAN DESCRIPTION OF STREET	uuais			MI	
Adams		Α	ndrea				1	
Residential Street Address	Cit	Lv			State	Zir	Code	
67 Bayberry Drive		Bristo	ol		СТ	1 -	3010	
Principal Occupation			Name of Employer					
Patient Rep			Bristol Hospital					
	he/she is	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  OYes  No				ount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes   Is contributor a princip: If yes, indicate which of government the	ich branch	ı or b		te contractor? Yes  OLegislative				
Method of Contribution:	Contract is	2 MITT	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	rder	7/18/2019	25.00				
Last Name		Firs	<u> </u>	<u> </u>			МІ	
Pelkey		1	eter					
Residential Street Address	Cit	v			State	Zip	Code	
353 Perkins Street		risto	ol		СТ	1 -	3010	
Principal Occupation			Name of Employer					
Retired			none					
	does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 35.00		
event reported in Section L1?	ich branch	h or b	_	_ <b>⊙</b> №				
If yes, list Event # 7/18/19 of government the  Method of Contribution:	Comiact	5 WILL	Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	der	7/18/19	35.00				
Last Name	<del> </del>	Firs	st	L			MI	
Gallagher		Je	esse					
Residential Street Address	Cit	 y			State	Zip	Code	
156 Summer Street	В	risto	ol		СТ	06	3010	
Principal Occupation			Name of Employer		<u></u>			
Luthier			Self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a					ount 6	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Section L1?  No  No  Is contributor a principal of principal of government the contributor apprincipal of government the contributor apprin	ch branch	or b		_ ONo				
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	rder	7/18/2019	100.00				
	SUBTO	TAI	L Section B — This	Page 160.00				
TC	OTAL o	f ad	ditional Section B I	'ages				
TOTAL OF ALL CONTRIBUTIONS I			VIDUALS (Sections A		<del></del>			
(z.iece total or	139	~out	oj Sminimy i uge	- · · · · · · · · · · · · · · · · · · ·				

# Section B ADDITIONAL PAGE 11 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Ellen for Mayor		October 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$			
R Itemized Co.	ntributions from Indiv	dnols			
Last Name	First	luuais		MI	
Garon	Dineen				
Residential Street Address  14 Kenney Street	<sup>City</sup> Bristol		State CT	Zip Code 06010	
Principal Occupation Retired	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		/, Amou	unt of Contribution		
	f a state contractor or prospective state contractor?  Yes branch or branches  No			<b>o</b>	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received   7/18/2019	Aggregate Contributions 40.00			
Last Name	First			MI	
Beaudoin	James				
	<sup>City</sup> Bristol		State CT	Zip Code <b>06010</b>	
Principal Occupation	Name of Employer State of CT		L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Visual If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a section L1?  If yes, list Event # 7/18/19		te contractor? OYes No Legislative		•	
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/18/19	65.00			
Last Name Stafko	Rirst Nicholas			MI A	
•	City Bristol		State CT	Zip Code 06010	
Principal Occupation  Graphic Artist	Name of Employer Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive	e officer of a municipality with said municipality	7, Amou	ınt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes  No  If yes, indicate which bran of government the contract	tate contractor or prospective stat	<b>O</b> No	- 0.00		
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions 8.00	1		
SUBT	OTAL Section B — This	Page 113.00			
(2008년 2008년 - 1일 전 1985년 1일 전 1 일본 1985년 1985년 1일 전 1985년	of additional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM					
(Enter total on Line 1	3, Column A of Summary Page	i viais)			

### Section B ADDITIONAL PAGE 12 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Peri SUBTOTAL S		\$				
B. Itemized Co		from Indivi	duals				
Last Name Kilbourne	First Dean				В		
Residential Street Address	City			State	Zip Code		
381 Fern Hill Road	Bristol			СТ	06010		
Principal Occupation	1	f Employer					
Attorney		urne & Tully					
					ount of Contribution		
	Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No						
Method of Contribution:				-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order   7/18/	/2019	60.00				
Last Name	First		L		MI		
Veits	William				J		
Residential Street Address	City			State	Zip Code		
31 Natalie Court	Bristol			СТ	06010		
Principal Occupation	Name of	Employer	= 11	1	<u> </u>		
Income Tax Preparer	Willia	ım J. Veits, E	EA .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she valued at more than \$5,000?		Amount of Contribution 20.00					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or branches		te contractor? Yes No				
Method of Contribution:	Date Rec		Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 7/18	/19	20.00				
Last Name	First				MI		
Kelley	Peter				В		
Residential Street Address	City			State	Zip Code		
44 Southdown Drive	Bristol			CT	06010		
Principal Occupation	1	Employer					
Business Development Officer	First	Bristol Feder	al Credit Union				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	is associated wit	r a chief executiv h have a contract Yes O No	e officer of a municipality with said municipality	y, Amor	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or branches		∑ No				
Method of Contribution:							
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 7/18/	2019	40.00				
SUB'	TOTAL Secti	on B — This	Page 120.00				
TOTA)	L of addition:	al Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM							
(Enter total on Line	13, Column A of	Summary Page	Totals)				

### Section B ADDITIONAL PAGE 13 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
	<u> 1906</u> garagera					
		outions from Indivi	duals			
Last Name	1	irst			MI	
Ferraro		John 				
Residential Street Address	City			State	Zip Code	
124 Sherbrooke Street	Bris	tol		CT	06010	
Principal Occupation		Name of Employer	<u> </u>	-l		
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No    Yes    If contribution is in excess of the does contributor or business here a walued at more than \$5,000?	\$400 to a ca e/she is asso	undidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipalit with said municipality	ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Section L1?  No If yes, indicate which of government the co	h branch or	contractor or prospective state contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	7/18/2019	50.00			
Last Name	· F	irst	L		MI	
Casey	1	Steven			Ĉ	
Residential Street Address	City			State	Zip Code	
83 Peach Tree Lane	Bris	tol		CT	06010	
Principal Occupation		Name of Employer				
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he valued at more than \$5,000?		Amount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes  Is contributor a principal fyes, indicate which of government the contributor apprincipal file.	h branch or		te contractor?  O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	loney Order	7/18/19	100.00			
Last Name	F	irst			MI	
Carter	F	Richard			В	
Residential Street Address	City		T A	State	Zip Code	
237 Kozani Street	Bris	tol		СТ	06010	
Principal Occupation		Name of Employer	<del></del>	<u>.l</u>	<u> </u>	
Revenue Examiner		State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$\frac{3}{2}\$ does contributor or business he valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes  Is contributor a principal  If yes, indicate which of government the co	branch or		e contractor? Yes ONo			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	loney Order	7/18/2019	100.00			
SI	UBTOTA	L Section B — This	Page 250.00		P. (1984)	
ro	TAL of a	dditional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FI		IVIDUALS (Sections A				
(Emer total on L	nc 13, CO	and A of Summary Page	i viiiis)			

# Section B ADDITIONAL PAGE 14 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ellen for Mayor			October 10					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
	ntrib	utions from Indivi	duals					
Last Name Patton IV	Fir					М		
		Morris		<del></del>		F		
Residential Street Address 49 Field Street	City Bristo	ol.		State	1 -	Code 6010		
Principal Occupation	Dilist	· · · · · · · · · · · · · · · · · · ·	····		100	0010		
Underwriter		Name of Employer The Hartford						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes O No  Yes does contributor or business he/she valued at more than \$5,000?				y, Am. 40.		of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Section L1?  No If yes, indicate which bra of government the contra-	nch or b	oranches	e contractor? Yes  OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/2019	40.00					
Last Name	Fire	st .			<del></del>	MI		
Boi	c	indy				В		
Residential Street Address	City			State	Zip	Code		
70 Wintergreen Road	Bristo	ol		СТ	06	3010		
Principal Occupation	<b>L</b>	Name of Employer	J	<b></b>				
Retired		none						
	dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/18/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	branches	e contractor? Yes No Legislative					
Method of Contribution:	OC 15 WIL	Date Received	Aggregate Contributions	$\dashv$				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/18/19	50.00					
Last Name	Fire	st				MI		
Tosacano	C	atherine				В		
Residential Street Address	City			State	Zip	Code		
116 Birchwood Circle	Bristo	ol		CT	06	3010		
Principal Occupation		Name of Employer						
Retired		none						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					ount o	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contral	nch or b	oranches	ŎNo.					
If yes, list Event # 7/31/19 of government the contract  Method of Contribution:	Ct 15 WILL	Date Received	Aggregate Contributions	$\dashv$				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/31/2019	200.00					
SUB <sup>1</sup>	гота	L Section B — This	Page 290.00					
요즘 보통하는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 경우하는 사람들이 하는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그를 가장 하는 것이 되었다. 그를 가장 하는 것이 되었다.		Iditional Section B P						
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A						
Lines tolui on Line	.s, com	21 OJ Sunanuiy 1 age .	vius)					

### Section B ADDITIONAL PAGE 15 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	\$			
	V-1 4. 121 - 14. 1					
		butions from Indivi	duals			
Last Name	1	First				MI
Colapietro	ĺ	Thomas				Α
Residential Street Address	City			State	Zip (	Code
40 Matthews Street	Bris	stol		CT	06	010
Principal Occupation		Name of Employer				
Retired		none				
	pendent child of a lobbyist?					f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/31/19  Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which of government the contributor as principal of It yes, indicate which yes the indicate which in the It yes, indicate which yes the It yes th	branch or	contractor or prospective stat r branches	e contractor? Yes OLegislative			÷
Method of Contribution:	······································	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Orde	7/31/2019	100.00			
Last Name	F	First	· · · · · · · · · · · · · · · · · · ·			MI
Mike		Kathleen				М
Residential Street Address	City				Zip (	Code
48 Lardner Road	dner Road Bristol C				06	010
Principal Occupation		Name of Employer		L		
Retired		none				
	pendent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/31/19  Yes Is contributor a principal of If yes, indicate which of government the co	branch o		_ ONo			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	7/31/19	50.00			
Last Name	(I	First	<u> </u>			MI
Gardner		Gerald				F
Residential Street Address	City		_ / , , ,	State	Zip	Code
90 Pinehurst Road	Bris	stol		СТ	06	010
Principal Occupation		Name of Employer		<b>_</b>	L	<del> </del>
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?				y, Am. 50.		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07/31/19  Yes No Is contributor a principal of If yes, indicate which of government the contributor of government the contributor approximation of government the government of government of government the government of	branch or		ONo			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Orde	r 7/31/2019	50.00			
SU	U <b>BTOT</b>	AL Section B — This	Page 200.00			
тот	ΓAL of :	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM INI ine 13, Ca	DIVIDUALS (Sections A column A of Summary Page	A + B) Totals)			

### Section B ADDITIONAL PAGE 16 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ellen for Mayor			October 10					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$					
B. Itemized C	ontril	outions from Indivi	duals					
Last Name	F	rirst				MI		
Casey		Lisa				M		
Residential Street Address	City			State	Zip C	ode		
115 McIntosh Drive	Bristol   CT			CT	060	10		
Principal Occupation		Name of Employer		<del></del>	-L			
VP of Admi		Hubbard Hill						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes   Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is the i	ranch or	branches	● No		200.00			
Method of Contribution:		Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	7/31/2019	200.00					
Last Name	F	irst	1		П	MI		
Phelan		Elizabeth				Α		
Residential Street Address	City			State	Zip Co	ode		
9 Pinehurst Road	Bris	tol			060	10		
Principal Occupation		Name of Employer		1	<del></del>			
Retired		none						
	No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Section L1?  No  If yes, indicate which be of government the contribution associated with an event reported in Section L1?  No  If yes, indicate which be of government the contribution associated with an event reported in Section L1?	ranch or	branches	te contractor? Yes  No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	7/31/19	50.00					
Last Name	F	irst	L		1	MI		
Hislop	-	Thomas				В		
Residential Street Address	City			State	Zip C	ode		
30 Judson Avenue	Bris	itol		СТ	060	10		
Principal Occupation	!	Name of Employer		L	_L			
Facilities Manager		ESPN						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				y, Amo		Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of If yes, indicate which by of government the contributor of government the contributor.	ranch or	branches	e contractor? Yes No					
Method of Contribution:		Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	7/31/2019	75.00					
SUI	ВТОТА	AL Section B — This	Page 325.00		<del></del>			
		dditional Section B I						
TOTAL OF ALL CONTRIBUTIONS FRO					* <del></del>			
		lumn A of Summary Page						

### Section B ADDITIONAL PAGE 17 of 49

NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT							
Ellen for Mayor				October 10				
A. Total Contributions from Si (See instructions for definition of Small (			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor		utions from Indivi	duals				
Last Name Mamed		1	<sup>irst</sup> ∕∕Iary Jane				MI	
Residential Street Address		City			State	7 in	Code	
86 Beech Street		Bris	tol		CT	1 -	6010	
Principal Occupation			Name of Employer		1	<u>.l</u>		
Accounting Clerk	ounting Clerk HRP Associate			Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Ores  No				of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	te contractor or prospective state contractor? Yes h or branches No			50.00		
Method of Contribution:				Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	er 7/31/2019 50.00					
Last Name		Fi	irst	1			MI	
Thomas		I	Michael				С	
Residential Street Address		City	_		State	1 -	Code	
38 Rogers Road		Bris	tol		СТ	06	6010 	
Principal Occupation Retired			Name of Employer none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Ame		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Is contributor a principal of a self yes, indicate which brand of government the contract	nch or	branches	te contractor? Yes	S			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	7/31/19	50.00				
Last Name		1	irst				MI	
Camerl			Tim		.,	T		
Residential Street Address		City Bris	tol		State	1 1	Code <b>3010</b>	
1565 Stafford Avenue		DIIS			01	100		
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am.		of Contribution	
. **	Is contributor a principal of a solution of government the contract	nch or	branches	_ ONo	S			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	7/31/2019	50.00				
	SUBT	OTA	AL Section B — This	Page 150.00				
	TOTAI	₄ of a	dditional Section B	Pages				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page					

# Section B ADDITIONAL PAGE 18 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived thi SUBTO	is Period ONLY OTAL SECTION A	\$				
	na un orbani ale seri			Tarqee in legical	TYD AS NO 2		
B. Itemized C		utions from Individ	luals			Гмі	
Last Name	Fir	<sup>st</sup> aren				MI	
Vibert				State	tate Zip Code		
Residential Street Address	City Bristo	ol		CT	1 -		
114 Brace Avenue	Diisi			01	100		
Principal Occupation		Name of Employer  Karen Vibert					
Court Stenographer							
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is assoc	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No			Amount of Contrib		
Is this contribution associated with an event reported in Section L1?  We list Event # 7/31/19  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch or t	oranches	e contractor? Yes OLegislative				
If yes, list Event # 7/31/19 or government the con		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	7/31/2019	100.00				
Last Name	Fir	st				MI	
Schur	c	ebra				Α	
Residential Street Address	City			State	Zip (	Code	
6 Pilgrim Road	Brist	ol		СТ	06	010	
Principal Occupation		Name of Employer		-L			
Office Manager Brooks Oil Service							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	she is assoc	ciated with have a contract  O Yes  No	mount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes   Is contributor a principal of If yes, indicate which of government the core	branch or		te contractor? Ye No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMo	oney Order	7/31/19	75.00				
Last Name	Fi	rst				MI	
Minor	(	Craig				M	
Residential Street Address	City			State	1 ^	Code	
88 Anderson Avenue	Bris	tol		СТ	06	3010	
Principal Occupation		Name of Employer					
Town Manager		Town of Newington	on				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$\frac{1}{2}\$ does contributor or business here valued at more than \$\frac{1}{2}\$,000?	400 to a ca she is asso	ndidate for a chief executive ciated with have a contract Yes No	re officer of a municipal t with said municipality	1	nount (	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of If yes, indicate which of government the contributor appropriate to the section L1?	branch or	branches	<b>⊙</b> N				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Order	7/31/2019	100.00				
SU	U <b>BTOT</b> A	AL Section B — This	s Page 250.00				
TO	TAL of a	dditional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FR	ROM INI Line 13. Co	DIVIDUALS (Sections Jumn A of Summary Page	A + B)		<u></u>		
			38.41.2.50 <b>1</b>				

### Section B ADDITIONAL PAGE 19 of 49

NAME OF COMMITTEE (Provide Complete Nam	TYPE OF REPORT							
Ellen for Mayor				October 10	ober 10			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$				
	P. Itamirad Co.	4 m21						
Last Name	B. Itemized Co		butions from Indivi	auais			МІ	
Perugino		1	Patrick				A	
Residential Street Address		City			State	Zip (	Code	
82 Allen Street		Terryville				1 -	786	
Principal Occupation		L	Name of Employer		1			
Retired			none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			ssociated with have a contract with said municipality				f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Yes Is contributor a principal of a s No If yes, indicate which brai of government the contrac	nch or	te contractor or prospective state contractor? Yes n or branches No			50.00		
Method of Contribution:			Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Orde:	7/31/2019	50.00				
Last Name		F	irst	<u> </u>			МІ	
Pergino			Roxanne				М	
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip C	Code	
82 Allen Street		Ter	Terryville				786	
Principal Occupation			Name of Employer		<del></del>			
Sr. Project Planner			STV/DPM					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Is contributor a principal of a If yes, indicate which brand of government the contract	nch o	r branches	te contractor? Yes O No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	7/31/19	50.00				
Last Name		1-	First				MI	
Nicastro			Michael				D	
Residential Street Address		City	-4-1		State	Zip (		
24 Hollyberry Road		Bris			СТ	06	010	
Principal Occupation CEO			Name of Employer  Continuity					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Is contributor a principal of a solution of government the contract	nch or	branches	_ ONo				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMonov	Orde	Date Received 7/31/2019	Aggregate Contributions 100.00	7			
Cuair Greatigi Check Octobrocoli C							· · · · · · · · · · · · · · · · · · ·	
	SUBT	TOT	AL Section B — This	Page 200.00				
			additional Section B l				·····	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A Dolumn A of Summary Page					

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 20 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Ellen for Mayor				October 10					
A. Total Contributions from S (See instructions for definition of Small)			is Period ONLY OTAL SECTION A	\$					
	B. Itemized Co		utions from Indivi	duals					
Last Name Pons		Fir	shelby				R R		
Residential Street Address		City	<del>*************************************</del>		State	Zip	Code		
143 Larkspur Lane		Brist	ol		CT	06	3010		
Principal Occupation  Education Consultant			Name of Employer  CT State Departm	nent of Education					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amount of (		of Contribution			
		nch or t	ntractor or prospective state contractor? Yes branches No			100.00			
Method of Contribution:			Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	7/31/2019	100.00					
Last Name Stafford		Fir	st Sandra				С		
Residential Street Address		City			State	Zip	Code		
441 Clark Avenue, Unit 24		Brist	ol		СТ	06	5010		
Principal Occupation			Name of Employer		<del></del>				
Retired			none						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	ent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality						Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or l	branches	te contractor? Yes No Legislative	:				
Method of Contribution:			Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	7/31/19	50.00					
Last Name		Fir	rst	<u> </u>			MI		
Adams		A	ndrea				L		
Residential Street Address		City			State	Zip	Code		
67 Bayberry Drive		Brist	ol		CT	06	6010		
Principal Occupation			Name of Employer		<del></del>				
Patient Rep			Bristol Hospital						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Is contributor a principal of a self yes, indicate which brain of government the contract	nch or l	branches	e contractor?  OLegislative					
Method of Contribution:			Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Cash	ard OPayroll Deduction OMoney	Order	7/31/2019	50.00					
	SUBT	гота	L Section B — This	Page 200.00					
	20 1821 - WEST BOURD DE LE MARCE 1 IN 1878 - WEST BOURD DE LE MARCE		lditional Section B I			*********			
TOTAL OF A	LL CONTRIBUTIONS FROM		IVIDUALS (Sections A						
arting to the partie of the first state of the state of t	(Lines will on Line	, cou	and it of mendiantity i age						

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 21 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
	100	utions from Indivi	duals			
Last Name	1	rst				MI
Casey	١	Steven				
Residential Street Address	City			State	1 1	p Code
83 Peachtree Lane	Brist	tol		CT	0	6010
Principal Occupation		Name of Employer		······································		· ·
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	nch or	branches	No No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/2019	50.00			
Last Name	Fir	rst				MI
Prior	k	Kevin				
Residential Street Address	City			State	Zip	p Code
41 Broadview Street	Brist	tol			0	6010
Principal Occupation	l	Name of Employer		L		
Regional Planner		Commonwealth of	of Mass			
	or or business he/she is associated with have a contract with said municipality					of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	nch or	branches	_ <b>O</b> No			•
If yes, list Event # 7/31/19 of government the contra	ict is wi	Date Received	Aggregate Contributions	$\dashv$		
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney	. Order	7/31/19	50.00			
Last Name		rst				MI
Boudreau	1	Robert				C
Residential Street Address	City			State	Zii	p Code
41 Broadview Street	Brist	tol		СТ	- 1 1	6010
Principal Occupation	I	Name of Employer		L		······································
Contract Sales Manager		AJ Tuck CO				
_	to a car		a officer of a municipality	A.	nount	of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Stoom If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					).00	oi Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Section L1?  No  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	∑ ŌNo			
Method of Contribution:		Date Received	Aggregate Contributions	$\exists$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/2019	50.00			
SUB	ГОТА	L Section B — This	Page 150.00		W	
TOTA	L of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections A lumn A of Summary Page				

# Section B ADDITIONAL PAGE 22 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed thi SUBTO	s Period ONLY OTAL SECTION A	\$				
B. Itemized Con	ntribu	itions from Individ	luals				
Last Name	Firs					MI	
Alim	R	obert ————————				J	
Residential Street Address	City	_		State	1 -	Code	
41 Broadview Street	Bristo	ol .		СТ	06	6010 	
Principal Occupation		Name of Employer					
X-Ray Tech		UConn Health					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/she valued at more than \$5,000?	to a candis assoc	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality  Yes  ONo			ity, Amount of Co		
Is this contribution associated with an event reported in Section L1?  We list Event # 7/31/19  Yes Is contributor a principal of a section L1?  No If yes, indicate which bran of government the contract	nch or b	ranches	e contractor? Yes No  Clegislative				
If yes, list Event # 7/31/19 of government the contract  Method of Contribution:		Date Received	Aggregate Contributions	1			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/31/2019	50.00				
Last Name	Firs	<u>t</u> st				MI	
Salvatore	s	hirley				Α	
Residential Street Address	City	***		State	1 -	Code	
115 Brichwood Trail	Bristo	ol		СТ	06	3010	
Principal Occupation		Name of Employer					
Retired		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive chiated with have a contract  Yes  No	e officer of a municipality with said municipality	l	.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  Wes list Event # 7/31/19  Yes Is contributor a principal of a lfyes, indicate which bra of government the contra	anch or l	branches	te contractor?  Yes No Legislative				
If yes, list Event # 7/31/19 of government the contra  Method of Contribution:	W TTIL	Date Received	Aggregate Contributions	7			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/19	50.00				
Last Name	Fir	rst	1			MI	
Kilbourne		Dean				В	
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	- 1	o Code	
381 Fern Hill Road	Brist	ol		СТ	0	6010	
Principal Occupation	-1	Name of Employer					
Attorney		Kilbourne & Tully	, P.C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	) to a car e is assoc	ndidate for a chief executive ciated with have a contract Yes No	re officer of a municipalit with said municipality		nount	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Section L1?  If yes, indicate which bra of government the contra	anch or	branches	O Legislative No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	7/31/2019	210.00				
SUB	тота	L Section B — This	Page 150.00				
TOTA	L of a	dditional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections Jumn A of Summary Page	A + B) Totals)				
Line soul on Line	, ~~						

# Section B ADDITIONAL PAGE <sup>23</sup> of <sup>49</sup>

or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 100.00  Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT		100		
Substitution for definition of Small Contribution   Substitution	Ellen for Mayor			October 10				
Thomas	[[하다] 이렇게 되었다. 사가의 이름에 이나일까지 아르기 가는데 이렇다 나 있습니다. 요즘 사가 하다 하라면서 보고 그리고 하는데 없다. 나를 하다.			\$				
Thomas								
Comparison   Com		d Contr		duals				
Security							1	
Name of Employer   Contributor a lobbyist, apouse, of Service of	Residential Street Address	City			State	Zip (	 Code	
Retired  Is contributor a lebbyist, spouse, or dependent child of a lobbyist?  No or dependent child of a lobbyist?  No or dependent child of a lobbyist with an event reported in Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect Creative   Section L1?  Pres, list Event # 793119  Neglect   Section L1?  Neglect   Section L1?  Neglect   Section L1?  Pres, list Event # 793119  Neglect   Section L1?  Neglect   Section L1?  Neglect   Section L1?  Pres, list Event # 793119  Neglect   Section L1?  Ne	327 Perkins Street	Bri	istol		СТ	06	010	
Is contribution a lebbysist, spouse, or dependent child of a lobbysist? No  Is this contribution associated with an event september of use the state contractor or prospective state contractor?  Is this contribution associated with an event september of september of use the state contractor or prospective state contractor?  No  No  No  No  No  No  No  No  No  N			Name of Employer					
does contributor or business hebbs is associated with any entract with aid mannicipality  Verse No  Valued at more than \$5,000?  Verse No  Verse N	Retired		none					
event reported in Section L1?	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality							
Cash   Oresponse	event reported in Section L1? No If yes, indicate whi	ich branch o	or branches	O No				
Last Name Wilson  Christopher  City Bristo  Countribution  Strate Address  71 Perkins Street, P.O.Box 569  Principal Occupation  Insurance Agent  Scortifibution a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist or dependent child of a lobbyist?  Or dependent child of a lobbyist?  Or dependent child of a lobbyist or dependent child of a lobbyist?  Or dependent child of a lobbyist or dependent child of a lobbyist?  Or dependent child of a lobbyist or dependent child of a lobbyist?  Or yes  O	Method of Contribution:		Date Received	Aggregate Contributions	7			
Christopher   C   Christopher   C   Christopher   C   C   C   C   C   C   C   C   C	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Ord	ler 7/31/2019	100.00				
Residential Street Address 71 Perkins Street, P.O.Box 569    State   Zip Code   CT   06010	Last Name		First				MI	
Principal Occupation   Name of Employer   C.V. Mason & CO., Inc.	Wilson		Christopher				С	
Principal Occupation Insurance Agent    Scontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse,	Residential Street Address	1 1					Code	
Insurance Agent    C.V.Mason & CO.,Inc.	71 Perkins Street, P.O.Box 569	Bri	istol		СТ	060	010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Myes, list Event # 7/31/19  Last Name Scotti  Locuptation Insurance  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State  City Bristo  Laurie  City 258 Okaland Street  Principal Occupation Insurance  Is contributor a principal of a state contractor or prospective state contractor?  Yes No  No  No  State City Bristo  Lincoln Financial  Is contribution associated with an event reported in Section L1?  Principal Occupation  Insurance  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  State  No  No  No  No  No  No  No  No  No  N	Principal Occupation		1					
or dependent child of a lobbyist?	Insurance Agent		C.V.Mason & CO	.,Inc.				
event reported in Section L1?    fyes, list Event # 7/21/19	or dependent child of a lobbyist?							
Method of Contribution:  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order  Ocash Personal Check Credit/Debit Card Payroll Deduction Money Order  Scotti  Laurie  City Laurie  State Zip Code Of Ontribution  Residential Street Address  258 Oakland Street  Discontributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000 to a candidate for a chief executive officer of a municipality of Sound ones contributor or business he/she is associated with have a contract with said municipality of government the contract is with:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1?	ich branch	or branches	_ ONo				
Last Name Scotti  Residential Street Address 258 Oakland Street  Bristol  Name of Employer Lincoln Financial  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  State CT 06010  Name of Employer Lincoln Financial  Is contribution associated with an event at more than \$5,000?  State of Contribution of Section L1?  If contribution a sasociated with an event at more than \$5,000?  Is this contribution associated with an of government the contract is with:  Method of Contribution:  Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				<u>, Y </u>	-			
Residential Street Address  258 Oakland Street  Principal Occupation Insurance  Insurance  State City Bristol  Name of Employer Lincoln Financial  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No less this contribution associated with an event and the contract with a section L1?  If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?  Is contribution associated with an event and \$5,000?  Is contributor a principal of a state contractor or prospective state contractor?  Is contribution associated with an event and \$5,000?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # Dear Received  Aggregate Contributions  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Ord	er 7/31/19	250.00				
Residential Street Address  258 Oakland Street  Principal Occupation Insurance  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  City Bristol  Name of Employer Lincoln Financial  Amount of Contribution a candidate for a chief executive officer of a municipality, does contribution of a contribution of a contract with said municipality valued at more than \$5,000?  Yes No  Is contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Last Name		First	<u> </u>			MI	
Principal Occupation Insurance    Name of Employer   Lincoln Financial	Scotti		Laurie					
Principal Occupation Insurance  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Residential Street Address	City			State	Zip (	Code	
Insurance  Lincoln Financial  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	258 Oakland Street	Br	istol		СТ	06	010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Principal Occupation		Name of Employer					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No  Is this contribution associated with an event reported in Section L1? No If yes, list Event # Date Received Of government the contract is with: Date Received Of Section B — This Page  SUBTOTAL Section B — This Page  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Insurance		Lincoln Financial					
If yes, list Event # Of government the contract is with: Date Received Aggregate Contributions OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order 7/31/2019 50.00  SUBTOTAL Section B — This Page 250.00  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	or dependent child of a lobbyist? One does contributor or business	he/she is as	sociated with have a contract				f Contribution	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/31/2019 50.00  SUBTOTAL Section B — This Page 250.00  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		ich branch o	or branches	No				
SUBTOTAL Section B — This Page 250.00  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				<del>,</del>	7			
TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Ord	ler 7/31/2019	50.00	ļ			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		SUBTOT	ΓAL Section B — This	Page 250.00				
	T	OTAL of	additional Section B l	Pages				

# Section B ADDITIONAL PAGE 24 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ellen for Mayor			October 10					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  S		nis Period ONLY OTAL SECTION A	\$					
B. Itemized Con		outions from Individ	duals			MI		
Balsam		Melissa						
	City			State	Zip C	ode		
116 Mine Road	Brist	tol		СТ	060	010		
Principal Occupation Retired		Name of Employer						
		none	00 0 11					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  No life contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or	branches	e contractor? Yes No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/31/2019	50.00					
Last Name		rst				MI		
Ziogas	L_	Christopher						
<b>!</b>	City Brist	tol		State CT	Zip Co			
Principal Occupation Name of Employer								
Financial Planner		Ziogas Financial						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes No  If yes, list Event # 7/31/19  Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or	branches	e contractor?  Yes No Legislative	_				
Method of Contribution:		Date Received	Aggregate Contributions	_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	Order	7/31/19	50.00					
Last Name		rst				MI		
Zervas	_   F	Helen				J		
	City Lloic	onville		State CT	Zip C			
S Longrage Court  Principal Occupation	Offic	Name of Employer		Ci	1000			
Optometrist		Family Eye Care						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the second of the				, Amo		Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	Order	Date Received 7/31/2019	Aggregate Contributions 50.00					
SUBT	ОТА	AL Section B — This	Page 150.00			<del></del>		
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:		OIVIDUALS (Sections A Jumn A of Summary Page T						

# Section B ADDITIONAL PAGE <sup>25</sup> of <sup>49</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10	October 10			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$				
	d Cont	ributions from Indi	viduals				
Last Name Bringe		First Maya				MI J	
Residential Street Address	City		territoria de la contractica del la contractica del la contractica de la contractica	State	e 7	ip Code	
10 Patton Drive	1 -	ristol		СТ	1	06010	
Principal Occupation		Name of Employer					
Project Manager		Self-Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?			act with said municipality		Amount of Contribut		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal in the contributor a	ch branch		O No	s			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Or	der 7/31/2019	100.00				
Last Name		First		<del></del>		MI	
Cyr		Charles				R	
Residential Street Address  15 Granger Road	City Bi	ristol		State	- 1	ip Code 06010	
Principal Occupation  Judicial Branch		Name of Employer State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes O No  Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes O No					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Section L1?  No  If yes, indicate which of government the confidence in t	ch branch		state contractor?  Ye  No  No  Legislative	s o			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Oro	der 7/31/19	50.00				
Last Name		First			III	MI	
Krinitsky		Joyce				Α	
Residential Street Address 11 Fairview Avenue	City	, erryville	•••	State	- 1	ip Code <b>067861</b>	
Principal Occupation		Name of Employer					
Realtor		BHHSNE Prope	erties				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If contribution is in excess of does contributor or business h valued at more than \$5,000?			ct with said municipality	-	Amount	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal Is contributo	ch branch		<b>O</b> NO	S			
Method of Contribution:				$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Or	der 7/31/2019	50.00				
s	SUBTO	TAL Section B — Th	is Page 200.00				
TO	OTAL of	f additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS F					<del></del>		
(Emer total on	Line 13, (	Column A of Summary Pag	ge 10tais)				

# Section B ADDITIONAL PAGE 26 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$				
		itions from Indivi	duals				
Last Name Morton	Firs Je	esse				A	
Residential Street Address	City			State	1 .	Code	
40 Academy Street	Bristo	ol .		СТ	06	010	
Principal Occupation		Name of Employer					
Auto Body Tech		Academy Auto Sa	iles, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contri		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  O Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or b	ranches	_ O No		100.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/2019	100.00				
Last Name	Firs	t				MI	
Kelley	Ca	aitlin				Α	
Residential Street Address	City	<del></del>		State	Zip (	Code	
155 Redstone Hill Road	Bristo	ol		СТ	06	010	
Principal Occupation		Name of Employer					
Teacher		Southington BOE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/19	50.00				
Last Name	Firs	it				MI	
Kelley	C	onnor				В	
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code	
44 Southdown Drive	Bristo	ol		CT	06	010	
Principal Occupation		Name of Employer		L			
n/a		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or b	ranches	⊙No				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/2019	25.00				
SUB <sup>3</sup>	тотаі	L Section B — This	Page 175.00	<u></u>			
TOTAL	L of ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM							
(Enter total on Line	13, Colu	mn A of Summary Page	Totals)				

# Section B ADDITIONAL PAGE 27 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period SUBTOTAL SEC		\$				
B. Itemized Con		om Individ	uals				
Last Name Randall	First Dave				MI		
				Т	<u></u>		
Residential Street Address 25 Winterberry Circle	<sup>City</sup> Bristol			State	Zip Code 06010		
Principal Occupation	Name of Em	ployer					
Business Owner	Self-Em	ployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		ave a contract w	y, Amo	ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes   Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or branches	rospective state  OExecutive	<b>⊙</b> No				
Method of Contribution:	Date Receive	ed /	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/31/20	119	100.00				
Last Name	First				MI		
Kelley	Margaret				M		
Residential Street Address	City			State	Zip Code		
168 Buckingham Street	Waterbury			СТ	06710		
Principal Occupation	Name of Em	ployer					
Dept. Transportation	State of	CT					
	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes Is contributor a principal of a section L1?  If yes, list Event # 7/31/19	nch or branches		contractor? Yes No				
Method of Contribution:	Date Receive	<u> </u>	ggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/31/19	)	25.00				
Last Name	First				MI		
Casey	Jennifer				R		
Residential Street Address	City		<del></del>	State	Zip Code		
31 Winterberry Circle	Bristol			СТ	06010		
Principal Occupation	Name of Em	ployer		<del> </del>	<u> </u>		
GHS Library	City of E	Bristol					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		ave a contract w		/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Yes No If yes, indicate which bram of government the contraction of government the contraction.	ich or branches		contractor? Yes No				
Method of Contribution:	Date Receive		aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/31/20	19	60.00	l			
SUBT	OTAL Section	B — This F	age 185.00				
TOTAL	of additional S	Section B Pa	ges				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1							
etako berriarra eta eta bilio barra eta bilio berriarra eta eta eta eta eta eta eta eta eta et		<u> </u>	L				

#### Section B ADDITIONAL PAGE <sup>28</sup> of <sup>49</sup>

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor				October 10				
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$				
	D Ei.d C.							
Last Name	B. Itemizea Co		outions from Indivi	quais			мі	
Lacey		1	Richard				IVII	
Residential Street Address		City			State	7in	Code	
344 Baldwin Drive		Brist	tol		CT	1 ^	3010	
Principal Occupation			Name of Employer		1			
Attorney			City of Bristol					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No			ount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Yes Is contributor a principal of a significant of government the contract of government of g	nch or						
Method of Contribution:	ethod of Contribution: Date Received			Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	ler 7/31/2019 50.00					
Last Name		Fi	rst	<u> </u>			MI	
Petosa		F	rancine				Α	
Residential Street Address		City			State	Zip	Code	
49 Somerset Circle		Brist	tol		СТ	06	3010	
Principal Occupation			Name of Employer		<b>1</b>			
Retired			none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of C  Amount of C					of Contribution	
	Yes Is contributor a principal of a  No  If yes, indicate which bra of government the contra	nch or	branches	te contractor?  Yes No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	7/31/19	100.00				
Last Name		Fi	rst	<u> </u>			MI	
Petosa		١	Michael				L	
Residential Street Address		City			State	Zip	Code	
30 Walnut Street		Brist	tol		CT	06	3010	
Principal Occupation			Name of Employer					
Spv.Ed,Sfty, & Health			State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Yes No Is contributor a principal of a s  If yes, indicate which brai of government the contrac	nch or	branches	te contractor?  OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	7/31/2019	300.00				
	SUB1	OTA	L Section B — This	Page 250.00				
	TOTAI	of a	dditional Section B I	Pages				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A Jumn A of Summary Page		***************************************			
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			estativi fat		-		

### Section B ADDITIONAL PAGE <sup>29</sup> of <sup>49</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Ellen for Mayor				Octo	October 10			
A. Total Contributions from Small Conference (See instructions for definition of Small Conference in Small			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name		Fi	rst				М	1
Ragaini		T	homas					
Residential Street Address		City				State	Zip Code	;
651 Lake Avenue, Unit 38		Brist	ol			СТ	0601	0
Principal Occupation			Name of Employer					
Retired			none					
or dependent child of a lobbyist?   No d						Amount of Contribu		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19		nch or l	branches	e contrac	No			
Method of Contribution:	. 1		Date Received	Aggrega	te Contributions	7		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	7/31/2019	270.0	00			
Last Name		Fir	rst	L			М	T
Dorval		A	andre				[	
Residential Street Address		City	<u> </u>			State	Zip Code	;
80 Lakewood Circle		Brist	ol			CT	0601	0
Principal Occupation			Name of Employer				- <del></del>	
Probate Judge			Regional Probate	Court				
or dependent child of a lobbyist? O No de		s in excess of \$400 to a candidate for a chief executive officer of a municipality, or business he/she is associated with have a contract with said municipality han \$5,000?  Amount of 50.00						ntribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19	Is contributor a principal of a If yes, indicate which bran of government the contract	nch or	branches		<b>⊙</b> No			
Method of Contribution:	or government the contrac	CE 12 WI	Date Received		e Contributions	-		
Ocash OPersonal Check Ocredit/Debit Card	Payroll Deduction OMoney	Order	7/31/19	50.0				
Last Name		Fir	ret				М	ī
Papazian		1	Donna				5	
Residential Street Address		City				State	Zip Code	
53 Elaine Drive		Brist	tol			СТ	0601	
Principal Occupation			Name of Employer			L		
Retired			none					
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?				, , ,	, Amo		ontribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19		nch or l	branches _	_	<b>O</b> No			
			Date Received		te Contributions	1		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	7/31/2019	25.00				
	SUBT	ГОТА	L Section B — This	Page	125.00			
			dditional Section B I					<del></del>
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page					

### Section B ADDITIONAL PAGE 30 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
				20. 300 o 2 o 7			
		utions from Indivi	duals				
Last Name	Fir					MI	
Stawski	F	rank				J	
Residential Street Address	City			State	Zip C	ode	
96 Country Lane	Bristo	ol		CT	060	)10	
Principal Occupation		Name of Employer		<del></del>			
Retired		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribut		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 7/31/19  Section L1?  No  Yes  Is contributor a principal of a If yes, indicate which brate of government the contract of government the contract.	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/31/2019	100.00				
Last Name	Firs	Ist			1	MI	
Krampitz	Jo	ohn				М	
Residential Street Address	City			State	Zip C	ode	
100 Bird Road	Bristo	ol		СТ	060	)10	
Principal Occupation	1	Name of Employer		L			
Retired		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No If yes, indicate which bra of government the contra	anch or b	oranches	te contractor? Yes  No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/2019	50.00				
Last Name	Fire	st				MI	
Buzzell	G	ary				Т	
Residential Street Address	City			State	Zip C	ode	
23 Lincoln Street	Wind	lsor Locks		СТ	060	)96	
Principal Occupation	<u> </u>	Name of Employer		L			
Firefighter		City of Bristol					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vo does contributor or business he/she		didate for a chief executive intention in the contract with have a contract		"		'Contribution	
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?    valued at more than \$5,000?  Yes   Is contributor a principal of a   If yes, indicate which bra			e contractor? Yes	25.	UU		
If yes, list Event # of government the contract		: O Executive	OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/18/2019	25.00				
SUB	гота	L Section B — This	Page 175.00				
TOTAL	L of ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
(Enter total on Line	13, Colu	ımn A of Summary Page	Totals)				

# Section B ADDITIONAL PAGE 31 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$				
		butions from Indivi	duals				
Last Name	1-	First				MI	
Tedesco		Barbara				Α .	
Residential Street Address	City			State	1	Code	
13 Arlene Drive	Bris	stol		CT	06	6010	
Principal Occupation		Name of Employer					
Teacher		City of Bristol					
		o a candidate for a chief executive officer of a municipality s associated with have a contract with said municipality  Yes  No				of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a fixed which broad government the contributor apprincipal of a fixed which broad government the contributor.	ranch or	branches	O No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	7/18/2019	25.00	İ			
Last Name	F	irst				MI	
Feest		Douglas				М	
Residential Street Address	City	- <del>V - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>	# · · · · · · · · · · · · · · · · · · ·	State	Zip	Code	
132 Rustic Oak Drive	1 .	ıthington		СТ	1 -	489	
Principal Occupation		Name of Employer					
QC Supervisor		Cly-Del Manufacto	uring				
	endent child of a lobbyist?					unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which be of government the contributor of government the contributor.	ranch or	branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	7/18/2019	25.00	l			
Last Name	F	irst			-	MI	
Ream Cistulli		Elaine				E	
Residential Street Address	City			State	Zip	Code	
834 Dr ML King Way, Apt 56	Brei	merton		WA	98	3337	
Principal Occupation		Name of Employer			-		
Staff Sergeant		U.S Army					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which brown of government the contributor.	anch or	branches	<b>⊙</b> No				
Method of Contribution:				1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	7/18/2019	10.00				
SUE	ВТОТА	AL Section B — This	Page 60.00				
ТОТА	L of a	dditional Section B I	ages				
TOTAL OF ALL CONTRIBUTIONS FRO							
		lumn A of Summary Page					

# Section B ADDITIONAL PAGE 32 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		October 10				
Ellen for Mayor						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$				
			-			
	ntributions from Indiv	iduals				
Last Name Mike	First Julie			A A		
Residential Street Address	City		State	Zip Code		
174 Grove Street	Bristol		СТ	06010		
Principal Occupation	Name of Employer					
Accountant	ITOCHU					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executi is associated with have a contrac Yes ONo	ve officer of a municipality t with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a:  If yes, indicate which brain of government the contract		<b>⊙</b> No				
Method of Contribution:	Date Received	Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/19/2019	100.00				
Last Name	First			MI		
Minor	Laura			s		
Residential Street Address	City		State	Zip Code		
88 Anderson Avenue	Bristol		CT	06010		
Principal Occupation	Name of Employer			L		
Staff Develop.Mgr.	Wheeler Clinic					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes laces contributor or business he/she valued at more than \$5,000?	50.0	unt of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?		_ ONo				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/19/2019	50.00				
Last Name	First	*		MI		
Boulanger	Greg			S		
Residential Street Address	City		State	Zip Code		
4701 78th CT E	Brandenton		FL	34203		
Principal Occupation	Name of Employer					
Retired	none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?		<b>⊙</b> No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/20/2019	50.00				
SUBT	OTAL Section B — This	Page 200.00				
TOTAL	of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is	I INDIVIDUALS (Sections 13, Column A of Summary Page					
<u>na anakan katamban dan kacamatan katamban dan katamban katamban katamban katamban katamban katamban katamban k</u>		and the second second				

Λf	49
411	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$					
				·			
		utions from Indivi	duals				
Last Name First					MI		
Carter		.aura			A		
Residential Street Address	City				1 -	Code	
237 Kozani Street	Brist	ol (			06010		
Principal Occupation		Name of Employer					
Optical Technician Dr. Wachtel							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes or or dependent child of a lobbyist?  No  Yes or or dependent child of a lobbyist?  No  Yes or							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a section L1?  If yes, list Event #	nch or l						
Method of Contribution:		Date Received	Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/23/2019	25.00				
Last Name	Fir	rst				MI	
Goldwasser	N	<i>l</i> arvin				s	
Residential Street Address	City			State	Zip	Code	
171 Diane Lane	Brist	ol		СТ	1 -	010	
Principal Occupation		Name of Employer		L			
Marketing Director		Payailz					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Solution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No No Solution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/27/2019	25.00				
Last Name	Fir	rst	****			MI	
Paine	J	essica				S	
Residential Street Address	City			State	Zip	Code	
26 Avon Lane	Brist	ol		CT	0€	8010	
Principal Occupation		Name of Employer		L		<del></del>	
Organ Donation Coord		New England Med	dical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50.00		
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes						
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/31/2019	50.00				
SUB1	гота	L Section B — This	Page 100.00				
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM			A STATE OF THE STA			<del></del>	
(Enter total on Line)	13, Coli	umn A of Summary Page	i otals)				

### Section B ADDITIONAL PAGE 34 of 49

				TYPE OF REPORT				
Ellen for Mayor			October 10	October 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
						Tay tay		
B. Itemized (	er da ha j		Indivi	duals				
Last Name	- 1	First					MI	
Robinson III		M					<u> </u>	
Residential Street Address	City Bris	otol			State	1 ^	Code	
572 Brook Street, Suite 18C	Ditt				СТ	100	3010 	
Principal Occupation		Name of Employe	er					
Educator		CREC		****				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the spouse of \$4 does contributor or business help a lobby a l						ount (	of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Sometime in Section L1?  Yes Is contributor a principal of figures, indicate which the of government the contributor as principal of figures.	branch o	r branches		e contractor? Yes OLegislative				
Method of Contribution:	maci is w	Date Received	ACCULIVE	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Orde	1		100.00				
Last Name	1	First					MI	
Wright	.	Christopher					Α	
Residential Street Address	City				State	1 -	Code	
55 Ruth Street, Unit 49	Bris	stol			СТ	06	5010	
Principal Occupation		Name of Employe	er					
Patient Registrar		Saint Franc	cis Hos	pital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		sociated with have a		• •		Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which			ective stat	e contractor? Yes				
If yes, list Event # of government the con	ntract is v		xecutive	O Legislative	_			
Method of Contribution:	O d.	Date Received 8/16/2019		Aggregate Contributions 100.00				
Cash OPersonal Check Credit/Debit Card OPayroll Deduction CMo				100.00			Tia	
Last Name Salvatore		<sup>First</sup> Pina					MI	
Residential Street Address	City				State	Zip	Code	
59 Strawberry Hill Road	Bris	stol			СТ	06	3010	
Principal Occupation	I	Name of Employe	er					
none		none						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?		sociated with have a			y, Am 50		of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  If yes, list Event #  No  Yes  No  Ono  Ono  Ono  Ono  Ono  Ono  Ono								
Method of Contribution:  Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Orde	er 8/16/2019		50.00				
SU	втот	AL Section B -	— This	Page 250.00				
тот	AL of	additional Sect	ion B P	'ages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		DIVIDUALS (Se						

# Section B ADDITIONAL PAGE 35 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
	4 91					
Last Name		utions from Indivi	duals			
Savino	C	Sathy			A A	
Residential Street Address	City			State	Zip Code	
246 Peck Lane	Brist	ol		CT	06010	
Principal Occupation	·• · · · · · · · · · · · · · · · · · ·	Name of Employer	·	<del></del>	<u> </u>	
Administrative		City of Bristol				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or t	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	100.00			
Last Name	Fir	st			MI	
Mangum	L	exie			R	
Residential Street Address	City			State	Zip Code	
147 Jerome Avenue	Brist	ol		СТ	06010	
Principal Occupation	L	Name of Employer		<b>L</b>		
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contributio	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or l	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/16/2019	50.00			
Last Name	Fir	II st			MI	
Carter	c	arol			K	
Residential Street Address	City			State	Zip Code	
15 Boardman	Brist	ol		СТ	06010	
Principal Occupation	<b></b>	Name of Employer		L	<u> </u>	
none		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive stated with have a contract  O Yes  No	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	nch or b	oranches	e contractor? Yes ONo			
Method of Contribution:	or 13 WIU	Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/16/2019	100.00			
SUR	гота	L Section B — This	Page 250.00			
		Iditional Section B P		<del></del>		
하늘하다 그 물에 가게 그리고 있는 이번째로 하는 것이라고 있는 사람들이 가게되어 하는 사용물을 다 된 다른 하는						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A umn A of Summary Page T				

# Section B ADDITIONAL PAGE 36 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Ellen for Mayor  A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			TYPE OF REPORT			
			October 10			
			\$			
B. Itemized Co	ontribu	ıtions from Indivi	duals			
Last Name	Firs	st			MI	
Gibson	M	ark				
Residential Street Address	City			State	Zip Code	
12 Cedar Ridge	Bristo	ol		СТ	06010	
Principal Occupation		Name of Employer				
Business Owner		QCI				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes   Is contributor a principal of a lf yes, indicate which brain of government the contract.	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	100.00			
Last Name	Firs	t			MI	
Burke	Ka	athryn			S	
Residential Street Address	City	<del></del>		State	Zip Code	
894 Pine Street	Bristo	ol .		СТ	06010	
Principal Occupation		Name of Employer		L		
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Yes Is contributor a principal of a flyes, indicate which brate of government the contration of government the contration.	anch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	50.00			
Last Name	Firs	t			MI	
Lanosa	M	arilyn			Α	
Residential Street Address	City			State	Zip Code	
35 Fairway View Drive	Bristo	ol		CT	06010	
Principal Occupation		Name of Employer				
Retired		none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	nch or b	ranches	e contractor?  Yes  No  Legislative			
Method of Contribution:						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	25.00			
SUB1	готаі	L Section B — This	Page 175.00			
TOTAL	L of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page				

### Section B ADDITIONAL PAGE 37 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Ellen for Mayor	October 10	October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
	ntributions from Indi	viduals	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
Lanosa	A				
Residential Street Address 35 Fairway View Drive	o =				
Principal Occupation Retired	Name of Employer none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		act with said municipality	Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra		ve OLegislative ONo			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order   Date Received 8/16/2019	Aggregate Contributions 25.00			
Last Name Koskoff	First Charlotte		G G		
Residential Street Address 8 River Edge Court	State         Zip Code           CT         06062				
Principal Occupation Retired	Name of Employer none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		act with said municipality	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Yes Is contributor a principal of a ffyes, indicate which brate of government the contrations.		state contractor? Yes ve O Legislative			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order 8/16/2019	Aggregate Contributions 100.00			
Last Name Lamothe	First Michael		мі R		
Residential Street Address 186 Dino Road	City Bristol		State Zip Code CT 06010		
Principal Occupation Self-Employed	Name of Employer Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Show the contribution is in excess of \$400 does contributor or business he/show valued at more than \$5,000?	to a candidate for a chief exect e is associated with have a contr Yes ON	act with said municipality	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  O Yes No If yes, indicate which bra of government the contra					
Method of Contribution:	ethod of Contribution:  Date Received Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 8/16/2019	100.00			
SUB	TOTAL Section B — Tl	his Page 225.00			
TOTA	L of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Section 13, Column A of Summary Pa				

## Section B ADDITIONAL PAGE 38 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10	October 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fir					MI	
Suchiniski	B	Brian				S	
Residential Street Address	City			State	Zip (		
40 South Street #2	Brist	ol		СТ	06	010	
Principal Occupation	·	Name of Employer		•	-1		
MGMT		Servo Pro					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lifyes, indicate which bra	nch or t	oranches	_ O No				
If yes, list Event # of government the contract	ct is will	Date Received	OLegislative	4			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	Aggregate Contributions 100.00				
Last Name	Fir	st				MI	
Lee	c	harles				E	
Residential Street Address	City		<del></del>	State	Zip (	Code	
93 Weeks Road, P.O.Box 909	Eastford				1 -	242	
Principal Occupation	L	Name of Employer		<u> </u>	<u> </u>		
Environmental Manager		State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?					Amount of Contribution 200.00		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra			e contractor? Yes				
If yes, list Event # of government the contra		_	O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	200.00				
Last Name	Fir					MI	
Salemi	P	Pasquale				J	
Residential Street Address	City			State	Zip (	Code	
17 Pheasant Lane	East	Hartford		СТ	06	108	
Principal Occupation	<del>'</del>	Name of Employer		·			
Construction Manager		Self-Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Security S							
Method of Contribution:							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/16/2019	50.00				
SUB	тота	L Section B — This	Page 350.00				
TOTA	L of ac	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM							
(Enter total on Line	13, Coli	umn A of Summary Page	i otals)				

## Section B ADDITIONAL PAGE 39

of <sup>49</sup>

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor			October 10	October 10			
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co		utions from Indivi	duals			
Last Name		Fi					MI
Douglas			Robert				
Residential Street Address		City			State	1	Code
34 Carmelo Road		Brist	ol		CT	06	010
Principal Occupation		<u> </u>	Name of Employer				
Press Aide			State of CT				
or dependent child of a lobbyist?  No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution
	Yes Is contributor a principal of a serior of government the contract	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	8/16/2019	200.00			
Last Name		Fi					MI
Chapis		0	Cheryl				M
Residential Street Address		City			State	Zip	Code
53 Linwood Street		Brist	ol		CT	06	010
Principal Occupation			Name of Employer		<u></u>		
Financial Advisor			Self-Employed				
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	te contractor?  Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Car	rd OPayroll Deduction OMoney	Order	8/16/2019	100.00			
Last Name		Fi	rst				MI
Lamothe		[	Dawn				
Residential Street Address		City			State	Zip	Code
186 Dino Road		Brist	tol		СТ	06	8010
Principal Occupation			Name of Employer				
New Product Placement			Retail Sales Cons	sultants			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or	branches	e contractor? Yes ONo Legislative			
Method of Contribution:	1 55 BS . SAMILEM SAFE SOME		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	8/16/2019	100.00			
	SUBT	ГОТА	L Section B — This	Page 400.00			
	TOTAI	L of a	dditional Section B I	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM	4 IND	IVIDUALS (Sections A	A + B)			
			umn A of Summary Page				

# Section B ADDITIONAL PAGE 40 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Ellen for Mayor		October 10	October 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$				
R Itemized Co	ntributions from Indivi	duale				
Last Name	First	· · · · · · · · · · · · · · · · · · ·		М		
Cicco	Catherine			М		
Residential Street Address 154 Fern Hill Road	<sup>City</sup> Bristol			ip Code 06010		
Principal Occupation	Name of Employer					
Appeals	Cigna					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amount	t of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a:  If yes, indicate which brait of government the contract.		● No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/12/2019	40.00	40.00			
Last Name	First			MI		
Sheperd	Susan			A		
Residential Street Address	City			ip Code		
365 Allentown Road #44	Bristol		CT C	06010		
Principal Occupation	Name of Employer					
Retired	none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Ves does contributor or business he/she valued at more than \$5,000?			Amount	t of Contribution O		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/12/2019	100.00				
Last Name	First	I		MI		
Giovinazzo	Anthony			Т		
Residential Street Address	City		State Z	ip Code		
26 Harvest Lane	Bristol		CT (	06010		
Principal Occupation	Name of Employer			***************************************		
Retired	none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			, Amount	t of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?		∑No				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/12/2019	100.00				
SUB1	TOTAL Section B — This	Page 240.00				
TOTAI	L of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections 13, Column A of Summary Page			***************************************		

# Section B ADDITIONAL PAGE 41 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Co		ns from Indivi	luals				
Last Name	First				W		
Chase	Lance	e 	·				
Residential Street Address	City			State	Zip Code		
178 Castle Road	Bristol			СТ	06010		
Principal Occupation	Nan	ne of Employer					
Retired	no	one					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	anch or branc	hes	contractor? Yes OLegislative				
Method of Contribution:	Date	e Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 9/	12/2019	100.00				
Last Name	First				MI		
Dorval	Maria	a					
Residential Street Address	City			State	Zip Code		
80 Lakewood Circle	akewood Circle Bristol C				06010		
Principal Occupation	Nam	ne of Employer					
Realtor	Co	ountry Manor Re	alty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	ant of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or branc	hes	e contractor? Yes No Legislative				
Method of Contribution:	Date	Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 9/	12/2019	100.00				
Last Name	First				MI		
Roos	Carol	l			J		
Residential Street Address	City	er sallenna er en er		State	Zip Code		
6 Ridge Lane	Bristol			СТ	06010		
Principal Occupation	Nam	ne of Employer					
Retired	no	ne					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:  One of government the contract is with:							
Method of Contribution:  Date Received Aggregate Contributions							
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 9/12/2019 100.00							
SUB	TOTAL Se	ection B — This	Page 300.00				
TOTAL	L of additi	onal Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVID	UALS (Sections A	+ B)				
(Enter total on Line	: 13, Coumn /	a oj summary Page I	(viais)				

## Section B ADDITIONAL PAGE 42 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10	October 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name	Fir					MI	
Robles	R	lobert					
Residential Street Address	City			State	Zip (	Code	
122 Simpkins Drive	Brist	ol		CT	06	010	
Principal Occupation		Name of Employer		· · · · · · · · · · · · · · · · · · ·			
Self-Acupuncturist		Self-Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No If yes, list Event #  Is contributor a principal of a section L1?  No of government the contract	nch or b	oranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/12/2019	25.00				
Last Name	Firs	st ·	L			MI	
Robles	R	osemarie					
Residential Street Address	City		<del></del>	State	Zip (	Code	
122 Simpkins Drive	Bristo	ol		СТ	06	010	
Principal Occupation		Name of Employer			i		
2VP Reinsurer		Travelers Dris					
	lependent child of a lobbyist?				Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a section L1?  If yes, list Event #	nch or b	oranches	te contractor?  Yes No Legislative				
Method of Contribution:	DE 15 1110	Date Received	Aggregate Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/12/2019	25.00				
Last Name	Firs	st				MI	
Laprise	c	hristine				C	
Residential Street Address	City			State	Zip (	 Code	
165 Sperry Road	Bristo	ol		СТ	06	010	
Principal Occupation		Name of Employer	······································	L	L		
Human Resources		Bristol Health					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				/, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches							
If yes, list Event # Of government the contract is with: O Executive O Legislative  Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	8/15/2019	100.00				
SUBT	OTA	L Section B — This	Page 150.00				
TOTAL	of ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A umn A of Summary Page			-		

## Section B ADDITIONAL PAGE 43 of 49

			October 10			
A. Total Contributions from Small Contributors-Received		is Period ONLY OTAL SECTION A	\$			
(See instructions for definition of Small Contributor)	SUBIC	JIAL SECTION A				
		utions from Indivi	duals			
Last Name Gorski	Firs S	usan			M M	
Residential Street Address 125 South Street Ext	City Bristo	ol		State CT	Zip Code 06010	
Principal Occupation Supervisor	<u> </u>	Name of Employer Getaway Tours	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lf yes, indicate which brate of government the contration of government the contration.	anch or b	ntractor or prospective state tranches	e contractor? Yes No		5.00	
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 8/22/2019	Aggregate Contributions 100.00			
Last Name Thorpe	Firs K	eith			MI L	
Residential Street Address 410 Emmett Street #11	City Bristo	ol		State CT	Zip Code 06010	
Principal Occupation  Manager		Name of Employer  Citga				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	y, <b>Amo</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a fixed by the section L1?  If yes, list Event #  Is contributor a principal of a fixed by the section L1?  If yes, list Event #	anch or b	oranches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	8/29/2019	50.00			
Last Name Stebbins	Firs	st atricia			MI A	
Residential Street Address 37 Pleasant Street	City Bristo	ol		State CT	Zip Code 06010	
Principal Occupation Retired	<u> </u>	Name of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or b	oranches	e contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	8/31/2019	25.00			
SUB	тота	L Section B — This	Page 175.00			
ТОТА	L of ad	lditional Section B I	Pages Pages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page				

## Section B ADDITIONAL PAGE 44 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Ellen for Mayor			October 10	October 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name		1	irst				MI
Bunn		ŀ	Katherine				J
Residential Street Address	·	City			State	Zip	Code
19 Phelan Street		Plai	nville		CT	06	062
Principal Occupation		h	Name of Employer		J		
Librarian			Town of Canton				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribut	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra: of government the contra	nch or	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	8/9/2019	25.00			
Last Name		Fi	rst				MI
Stevens		1	Kelly				
Residential Street Address		City			State	Zip	Code
56 Gridley Street		Brist	tol		СТ	06	010
Principal Occupation			Name of Employer		L		
Self-employed			Bookkeeper, Adm	inistrator			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ndent child of a lobbyist? One does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	te contractor? Yes No Legislative			
Method of Contribution:	or government the contra		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/25/2019	25.00			
Last Name		Fi	irst				MI
Potter			Gary				
Residential Street Address		City			State	Zip	Code
370 Lake Avenue		Bris	tol		СТ	06	8010
Principal Occupation	**************************************	L	Name of Employer		<del></del>		
Retired			none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No  If yes, indicate which bra of government the contra	nch or	branches	⊙No.			
Method of Contribution:  Date Received				Aggregate Contributions	-		
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	9/25/2019	50.00			
	SUB <sup>7</sup>	ГОТА	L Section B — This	Page 100.00	L		
	1981 - 1980 - 1980 - 1981 - 1981 - 1981 - 1982 - 1982 1981 - 1982 - 1983 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		dditional Section B I		<del> </del>		
mom i v on							*****
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page				

# Section B ADDITIONAL PAGE 45 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Ellen for Mayor	October 10				
A. Total Contributions from Small Contributors-Receiv		- COLONG 10			
(See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntributions from Indiv	iduals			
Last Name Santorso	First Gary		M M		
Residential Street Address	City		State Zip Code		
14 Forest Hills Drive	Farmington		CT 06032		
Principal Occupation  n/a	Name of Employer n/a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		_ O No			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/25/2019	50.00			
Last Name Connolly	First Mary		R R		
Residential Street Address	City		State Zip Code		
1276 Burlington Avenue	Bristol		CT 06010		
Principal Occupation  Retired	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No    Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 250.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes		ate contractor?  Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/25/2019	250.00			
Last Name Granger	Jennifer		D		
Residential Street Address 109 Stearns Street	City Bristol		State         Zip Code           CT         06010		
Principal Occupation	Name of Employer				
Registered Nurse	Bristol Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative					
Method of Contribution:	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/25/2019	50.00			
SUB	FOTAL Section B — This	s Page 350.00			
TOTAL	L of additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Page		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·			

## Section B ADDITIONAL PAGE 46 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$				
B. Itemized Co	ontribu	tions from Indivi	duals				
Last Name	First				MI		
Bouvier	Do	oris			L		
Residential Street Address	City			State	Zip Code		
169 High Street	Bristo	l		СТ	06010		
Principal Occupation		Name of Employer					
Retired	l	none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
this contribution associated with an ent reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes    If yes, indicate which branch or branches of government the contract is with:   OExecutive   OLegislative					-		
Method of Contribution:	I	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/25/2019	50.00				
Last Name	First	:			MI		
Fournier	So	ott			F		
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		
66 Westminster Road	66 Westminster Road Bristol				06010		
Principal Occupation	1	Name of Employer		L	J		
Retired		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bi	ranches	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	9/25/2019	100.00				
Last Name	First				MI		
Smith	Mı	urdo			L		
Residential Street Address	City			State	Zip Code		
77 Baldwin Drive	Bristo	J ·		СТ	06010		
Principal Occupation	1	Name of Employer			<u>. I </u>		
Retired	ĺ	non					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes one does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  If yes, indicate which bra of government the contra	anch or br	anches	e contractor? Yes ONo				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	9/25/2019	50.00				
SUB')	TOTAL	Section B — This	Page 200.00				
[18] (18] 12 (18] (19] (19] (19] (19] (19] (19] (19] (19		ditional Section B P		<del></del>	<del></del>		
TOTAL OF ALL CONTRIBUTIONS FROM			Tali				
		nn A of Summary Page					

### Section B ADDITIONAL PAGE 47 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with F		TYPE OF REPORT					
Ellen for Mayor				October 10			
A. Total Contributions from Small Contribu			nis Period ONLY OTAL SECTION A	\$			
Last Name	itemized Col		outions from Indivi	quais			Тмі
Holihan		1.	Anne				C
Residential Street Address		City			State	Zip	Code
57 Circle Street		Brist	tol		СТ	06	010
Principal Occupation			Name of Employer		J	ш	
Chief Clerk/Attorney			Region #19 Proba	ate Court CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?  Yes					y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor in Section L1?  No If yes, interpret in Section L1?  Yes Is contributor in Section L1?  Yes Is contributor in Section L1?		e contractor? Yes OLegislative					
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 9/25/2019 75.00				l			
Last Name		Fi	rst	1			MI
Couture		E	Elaine				G
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip (	Code
28 Broadview Street		Brist	Bristol			06	010
Principal Occupation			Name of Employer		<u> </u>	<u> </u>	
Retired			none				
	r business he/she		ndidate for a chief executive ciated with have a contract Yes No		Amount of Contribution 50.00		
event reported in Section L1? On No If yes, in	or a principal of a sidicate which brain the contract	nch or		te contractor? Yes  No  Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	uction Money	Order	9/25/2019	50.00			
Last Name		Fi	rst	<u> </u>	, <del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI
Pelletier		J	lames				L
Residential Street Address		City	_	***	State	1 -	Code
118 Stearns Street		Brist	tol		CT	06	010
Principal Occupation			Name of Employer				
Police Officer			City of Bristol				
*	r business he/she		ndidate for a chief executive ciated with have a contract Yes No		y, <b>Amo</b>		f Contribution
event reported in Section L1?	r a principal of a s dicate which brar nment the contrac	ich or		e contractor? Yes ONo Legislative			
Method of Contribution:	·		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	uction OMoney	Order	9/25/2019	750.00			
	SUBT	ОТА	L Section B — This	Page 875.00			
	TOTAL	of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBU			IVIDUALS (Sections A Jumn A of Summary Page				
	with on Line I	J, CUL	and 2x of Sunmary rage	. v. 1113/			

## Section B ADDITIONAL PAGE 48 of 49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Ellen for Mayor			October 10				
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ontrib	utions from Indivi	duals				
Last Name	Fir	rst				MI	
Carlson	N	/lichael				В	
Residential Street Address	City		**************************************	State	Zip (	Code	
8 Briar Hill Road	Avor	1		СТ	06	001	
Principal Occupation	<u> </u>	Name of Employer		<del></del>			
Insurance Sales		Starkweather & S	hepley insurance				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					Amount of Contribution		
s this contribution associated with an vent reported in Section L1?  Yes Ves, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Yes Ves Ves Ves, indicate which branch or branches of government the contract is with:  OExecutive OLegislative					1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	9/25/2019					
Last Name	Fir	st	•			MI	
Duhuaime	C	Christopher				J	
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip (	Code	
315 Pennwood Place Bristol				СТ	06	010	
Principal Occupation	J	Name of Employer		L			
Funeral Director		Funk Funeral Hon	ne				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a fyes, indicate which bra	anch or	branches	te contractor? Yes				
If yes, list Event # of government the contra	act is wit		O Legislative	_			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	- 	9/30/2019	100.00				
Last Name Tracy	Fir	<sup>st</sup> Elizabeth				мі P	
Residential Street Address	City			State	Zin (	Code	
133 Queen Street	Brist	ol		СТ	1 ^	010	
Principal Occupation	-1	Name of Employer		1	J		
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	anch or t	branches	e contractor? Yes ONo				
Method of Contribution:	-01 10 WILL	Date Received	Aggregate Contributions	$\dashv$			
OCash	y Order	9/30/2019	25.00				
SUB	тота	L Section B — This	Page 1,125.00				
TOTA	L of ac	lditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A umn A of Summary Page		······································			

## Section B ADDITIONAL PAGE 49 of 49

Residential Street Address  City  Name of Employer    State   Zip Code	NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)		TYPE OF REPORT			
B. Hemized Contributions from Judividuals  Last Name Dunn Germanic Study State Address 1071 Hunters Run Drive Note of Employer Fox Sports State Contribution associated with an event reported in Section 117 Figs. Idl. Townstribution is in excess of \$400 to a candidate for a chief executive officer of a municipality and the countribution is in excess of \$400 to a candidate for a chief executive officer of a municipality and the countribution associated with an event reported in Section 117 Fox Sports State Contribution associated with an event reported in Section 117 Fox Sports State Contribution associated with an event reported in Section 117 Fox Sports State Contribution State Address Clay State Contribution State Address Clay State Contribution State Address Clay State Contribution State Contributi	Ellen for Mayor			October 10			
First   Daniel   City   Tega City   Cot   Tega City	로 여러리 전에 가지 하다면서 하는 것이 되면 되지 않는데 하지만 하지만 하다면 하다면 하고 하는데 하는데 하는데 하다.			\$			
First   Daniel   City   Tega City   Cot   Tega City							
Dunin    Daniel   California		B. Itemized Co	application from the control of the first state of a section for the first state of the section	duals			
Tega City							
Principal Occupation  Broadcast Operations  Frox Sports  From Sports			1 *		I -		
Broadcast Operations   Fox Sports   Fox Sp	1071 Hunters Run Drive		Tega City		CT 29708		
Is contributor a lobbysist, spouse, or dependent child of a lobbysist? No No desc contributor or business hedden is associated with have a contract with said municipality, valued are more than \$5.000?    In this contribution associated with an event reported in Section L1?   Yes, linking the contract to with:   Date Received   Aggregate Contribution   25.00			1				
does contributor or business hedshe is associated with have a contractor or prospective state contractor? Or SNo    State   St	Broadcast Operations		Fox Sports				
event reported in Section L1?		does contributor or business he/she	is associated with have a contract				
Cash   Personal Check   ©Credit/Debit Card   Payroll Deduction   Money Order   9/17/2019   25.00	vent reported in Section L1? No If yes, indicate which branch or branches No						
Last Name    First   Mi	Method of Contribution:		Date Received	Aggregate Contributions	1		
City   State   Zip Code	OCash OPersonal Check OCredit/Debit (	Card OPayroll Deduction OMoney	Order 9/17/2019	25.00			
Principal Occupation    Name of Employer	Last Name		First		MI		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No large contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches   If yes, indicate which branches   If yes, indicate which branch or branches   If yes, indicate which branch or branches   If yes, indicate which branch or branches   If yes, indicate which branche	Residential Street Address		City		State Zip Code		
decendent child of a lobbyist?  So No deces contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  So No	Principal Occupation		Name of Employer				
decendent child of a lobbyist?  So No deces contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  So No							
Prest   Indicate which branch or branches   Executive   Legislative   No of government the contract is with:   Executive   Legislative   No of government the contract is with:   Executive   Legislative   Aggregate Contributions	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor or business he/she	is associated with have a contract		Amount of Contribution		
Method of Contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order	event reported in Section L1?	No If yes, indicate which bra	nch or branches	_ No			
Last Name  Residential Street Address  City  State  Zip Code  Principal Occupation  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  State  Ves or dependent child of a lobbyist?  No  Is this contribution associated with an event at more than \$5,000?  Is this contribution associated with an event of government the contract or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Ocash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		or government are contrar	<del></del>		-		
Residential Street Address  City  Name of Employer    State   Zip Code	OCash OPersonal Check OCredit/Debit O	Card OPayroll Deduction OMoney	Order				
Principal Occupation  Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Last Name		First		MI		
Principal Occupation  Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Is this contribution associated with an event reported in Section L1?  Is contributor or principal of a state contractor or prospective state contractor?  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Substitution of state contractor or prospective state contractor?  Is contributor or business he/she is associated with have a contract with said municipality, does contribution or prospective state contractor?  Yes No  Substitution of state contractor or prospective state contractor?  Is contributor or business he/she is associated with have a contract with said municipality, does contribution or prospective state contractor?  Yes No  Substitution of state contractor or prospective state contractor?  One of government the contract is with:  One of government the contract or prospective state contractor?  One of government the contract is with:  One of government the contract is with:  One of government the contract is with:  One of government with and contract with said municipality, and contract with said municipality.  One of government with and contract with said municipality.  One of government with and contract with said municipality.  One of government with and contract with said municipality.  One of government with and contract with said municipality.  One of government with and contract with said municipality.  One of government with and contract with said municipality.  One of governmen	Residential Street Address		City		State Zip Code		
or dependent child of a lobbyist?	Principal Occupation		Name of Employer				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?		does contributor or business he/she	is associated with have a contract		Amount of Contribution		
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1?	Yes Is contributor a principal of a significant which brain indicate which is a significant with the properties of th	state contractor or prospective stat		1		
OCash		of government the contrac		OLegislative	4		
TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		Card OPayroll Deduction OMoney		Aggregate Contributions			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		SUBI	TOTAL Section B — This	Page 25.00			
사는 사람들이 보면 하는 것이 되었다. 그런 사람들이 가는 사람들이 있는 것이다. 그는 사람들이 되었다면 보고 있다면 가는 사람들이 되었다면 보고 있다면 보고 있다면 보고 있다면 보고 있다면 보고 있다면 보다 되었다면 보고 있다면 보고 있다		тотаі	L of additional Section B I	'ages			
	TOTAL OF						

### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMI Ellen for Mayor`	TTEE (Provide Complete N	lame as Registered w	oith Filing Reposi	iory)		TYPE OF REPORT October 10	
		C1. C	Contributio	ns from O	ther Comm		
Name of Committee					Name of Treas		
Address				Is this contri	bution associate	d with an Oyes ONo	Amount of Contribution
				event report	ed in Section L1	? st Event #	
City		State	Zip Code	Date Rece		Aggregate Contributions	-
Name of Committee					Name of Treasu	ırer	
Address				Ta this south	1	4i41 O.V. O.V.	Amount of Contribution
				event reporte	ed in Section L1	d with an Yes No	Amount of Contribution
City		State	Zip Code	Date Rece		st Event #Aggregate Contributions	_
Name of Committee			ļ		Name of Treasu	Irar	
Name of Committee					Name of freast	nei	·
Address				T	<u> </u>		
Addiess				Is this contri	ed in Section L1	d with an Yes No?	Amount of Contribution
City		State	7:- C- 1-	Date Recei		st Event # Aggregate Contributions	
City		State	Zip Code	Date Recei	ived	Aggregate Contributions	
	C2. Rei	mbursement	s or Surpl	us Distribu		other Committees	
Name of Committee					Name of Treasu	ırer	
			*/				
Address				City			State Zip Code
	I = 0						
Date Received	Expenditure # (if applicable)	Payment Type		<b>~</b> ~			Amount of Receipt
		Reimburseme	ent for shared e	expense US	urplus Distributi	on	
Description							
Name of Committee	•				Name of Treasu	nrer	
Address				City			State Zip Code
				o.i.y			
Date Received	Expenditure #	Payment Type					
<i>Suite</i> 7.65677700	(if applicable)	Reimburse	ment for shared	l expense	Surplus Distrib	ution	Amount of Receipt
Description	1						-
				13332			
4306 6	性 与现象化体数		SUBTO	TAL Sectio	n C — This	Page 0	
			TOTAL	of additiona	l Section C I	Pages 0	
	TOTAL OF A						
	(Sections C	1 + C2) (Enter to	otal on Line 14	, Column A of	Summary Page	Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with F Ellen for Mayor	iling Reposi	tory)			TYPE OF		
D	. Loans	Receiv	ed this Period	1		\$44.33	Tagas e su .
Name of Lender			Source of Loan: Bank Car	ndidate 🔘	Individua	l Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						1	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Car	ndidate 🔘	Individua	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						I	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Car	ndidate 🔘	Individua		Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						1	Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	TION D	0	<u> </u>	<u></u>
E. Receipts from Entities other tha	n Indiv	iduals (	or Other Com	mittees	(Referen	dum Committee	es ONLY)
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	utions	
Name of Entity				<u> </u>			
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	utions	
Name of Entity		<u>!</u>		<b>!</b>			
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	utions	
			TOTAL SECT	ΓΙΟΝ Ε	0		

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTE Ellen for Mayor	EE (Provide Complete Name as Registered	d with Filing Repository)		TYPE OF REPORT October 10
-	F. Amount Transferred fr	om Affiliated Dusing	g Troopy vy (Pusis	
ite of Receipt				Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event#	Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event #	Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event #	Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event #	Amount
			TOTAL SECTION	NF 0
G. Amount T	ransferred from Affiliate	d Labor Union or Otl	ner Organization	Treasury (Organization Committees ONLY)
ate of Receipt		ate of Receipt		Date of Receipt
	Amount	Amoun	Ē	Amount
	H. Personal Funds of th		OTAL SECTION (	
te of Receipt	Method of payment:	e Candidate Received	tilis i ci iod (can	Amount
or 1.000-p.		Personal Check	Credit/Debit (	
te of Receipt	Cash  Method of payment:	Personal Check	Crediv Debit C	Amount
ic of receipt	Cash	Personal Check	Credit/Debit (	
te of Receipt	Method of payment:			Amount
	<b>○</b> Cash	Personal Check	Credit/Debit (	Card
te of Receipt	Method of payment:			Amount
	<b>○</b> Cash	Personal Check	Credit/Debit (	Card
			TOTAL SECTIO	ON H 0
		I. Anonymous Co	ntributions	
ar	Per Public Act 11-48, A mount. If a committee re immediately remit the o	ceives an anonymou	s contribution, th	ne campaign treasurer shall

for deposit in the General Fund.

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)	1	E OF R		
Ellen for Mayor		-	ober 1	0	
J. Interest fi	rom Deposits in Authorized Accour	ıts		471	
Name of Institution		Date	Received		Amount
Street Address	City	State	Z	p Code	
Name of Institution	<u> </u>	Date	Received		Amount
Street Address	City	State	Z	p Code	
	TOTAL SECTIO	ΝJ	0		
K. Miscellaneous Mo	onetary Receipts not Considered Co	ntri	butio	ıs	
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	ite	Zip Code	-
Description	<u> </u>			1	
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	l ite	Zip Code	_
Description				1	
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description					
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	l nte	Zip Code	
Description		<b>!</b>		<u></u>	
	TOTAL SECTION K	0			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	igh K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individuals or Otl	her Committees (Section E)	+		0	
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+		0	
Total Amount Transferred from Affiliated Labor Union of		) +		0	
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+		0	
Total Amount of Interest from Deposits in Authorized Ac		+		0	
Total Miscellaneous Monetary Receipts not Considered C		+ - Da		0	
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar			0	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Ellen for Mayor			October 10					
	L1. Even	t Information	<b>3</b> 66488	f Additi				
Event # Date of Event Letter	Description  Meet and Greet Rockwell Park			1 _	indraising event?			
07/18/19	Weet and Greet Nockwell Park			• Yes	ONo			
Location: Street Address		City		State	Zip Code			
Pavilion Rockwell Pa		Bristol		СТ	06010			
Subpart 1: (All Committee Was this event hosted at a	•	Yes ( <i>If yes</i> , go to Section L. Associated with a Hoo purchases made by hos No	use Party and complet	te required info	rmation for any			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$				
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Loron a Sign and comp	3 Purchases of Advert		ı Program Book			
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	reipts here.)	\$				
Event # Date of Event Letter 7/31/19	Description Fundraiser at The Doubletree with Con	gressman Larson		Was this a fu  • Yes	indraising event?			
Location: Street Address	L	City		State	Zip Code			
DoubleTree by Hiltor	n, 42 Century Drive	Bristol		СТ	06010			
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No						
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	Yes ( <i>If yes</i> , enter Total Rec	reipts here.)	\$				
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Li or on a Sign and comp	3 Purchases of Advert		ı Program Book			
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	Yes ( <i>If yes</i> , enter Total Reco	eipts here.)	\$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0	<del>-</del>	-			
		ion L1—Subpart 3 <i>(Town Commi</i> t ipts from Food Purchases —	P. C. CONTROL OF STREET, S. P. C. C. C.					
		TOTAL of additional Section	i Li Pages 0					
		IPTS FROM SMALL PUI Line 16a, Column A of Summary						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

NAME OF COMMITTEE	3 (Provide Complete Name as Register	red with Filing Reposito	ory)	TYPE OF REPO	RT		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or on a Sign		1111	
Name of Purchaser  ServPro of Bristol			8	5	<b>⊙</b> Bu	se Made By: Isiness Entity Iividual/Sole F	Other Proprietorship
Street Address 525 New Britain Ave	nue		City Unionville		<u> </u>	State CT	Zip Code 06085
Date Received 8/16/19	Event # 07/31/19	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase	Amount of Si	gn Purchase
Name of Purchaser				<u> </u>	OBu	se Made By: siness Entity lividual/Sole F	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase	Amount of Si	gn Purchase
Name of Purchaser	<u> </u>				OBu	se Made By: siness Entity lividual/Sole F	Other
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase	Amount of Si	gn Purchase
Name of Purchaser		I .			O Bu	se Made By: siness Entity lividual/Sole P	Other
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>		<u>.</u>	OBu	e Made By: siness Entity lividual/Sole P	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Si	gn Purchase
10 Te 75 200 10 Te 75 200 12 E 20 2 2 2 E 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book — This Page 1	00.00		
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	sing on a Sign — This Page 0			
			11 17 14	dditional Section L3 Pages 0		, ,	
IOTA	L OF ALL PURCHASES O			AM BOOK or ON A SIGN 1 A of Summary Page Totals)	00.00		

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)	15557		TYPE OF REPORT	1 1 4			
Ellen for Mayor		•			October 10	October 10			
	L4. In-K	ind Donations N	ot Consider	ed Contribu	tions				
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:  Business Entity	Description of Donation					Fair I	 Market Val	ue of Donation	
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event				
Name of Donor	<del></del>			<u> </u>				:	
Street Address			City				State	Zip Code	
Donation Given By:  Business Entity	Description of Donation	·				Fair N	Market Valu	ue of Donation	
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event				
Name of Donor						-			
Street Address			City				State	Zip Code	
Donation Given By:  Business Entity	Description of Donation					Fair N	Market Valu	ue of Donation	
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:  Business Entity	Description of Donation			<del></del>		Fair N	Aarket Valu	ue of Donation	
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event				
	A Company (New York Control of Co	SUBTO	TAL Section 1	∫4— This Page	0				
		TOTAL	of additional S	Section L4 Pages	0				
ТОТ	AL OF ALL IN-KIND DONA (Enter )	TIONS NOT CONS total on Line 21, Colu							

NAME OF COMMITTEE (Pro	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						
Ellen for Mayor				October 10			
L5. I	n-Kind Donations Not Conside	red Contributions Asso	ciated with a l	House Part	y		
Name of Host			Is this event committee?	supporting more than one candidate or Yes No No omplete Itemization in Addendum L5			
Street Address		City			State	Zip Code	
•							
Description of Donation				Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—11	his host/candidate				
Name of Host			committee?	supporting mo OYes ONe omplete Itemiza	0	ne candidate or	
Street Address		City	1		State	Zip Code	
				T			
Description of Donation				Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	his host/candidate				
Name of Host			committee?	supporting mo OYes ON omplete Itemiza	0	ne candidate or	
Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code	
Description of Donation				Fair Mai	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—I	his host/candidate				
Name of Host			committee?	supporting me OYes ON omplete Itemize	o	ne candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mai	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—t	this host/candidate				
		SUBTOTAL Section L5	— This Page	0			
		ГОТAL of additional Sect	tion L5 Pages	0			
TOTAL OI ASSOCIATED WITH A	FALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summ	TRIBUTIONS ary Page Totals)	0			

NAME OF COMMITTEE (Provide Complete	Name as Registered w	ith Filing Repository)		TYPE OF REPORT			
Ellen for Mayor				October 10			
		M. In-Kind Cor	ıtributions		14.5		
Name							
Street Address			City		State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kin	d Contribution	<u> </u>		
OIndividual / Sole Proprietorship OOther							
Is contributor a lobbyist, spouse, Yes	i	in excess of \$400 to a candi					
or dependent child of a lobbyist? O No	does contributor valued at more th	or business he/she is associa an \$5,000?	ted with have a contract v	with said municipality		Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yo	ibutor a principal of a state ces, indicate which branch or overnment the contract is with	r branches	state contractor? Yes No Legislative	Of this contribution		
Name							
Street Address			City		State	Zip Code	
						<u> </u>	
Type of contributor:  Committee	Date Received	Aggregate Contributions	Description of In-Kine	d Contribution		<u> </u>	
Olndividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		s in excess of \$400 to a cand or business he/she is association \$5,000?				Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contri	butor a principal of a state c s, indicate which branch or vernment the contract is wit	ontractor or prospective s	_ ONo		*****	
Name	01 80	volument the contract is with	n. BACCUIVE	Degisiative			
Street Address			City		State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution		<u>l</u>	
OIndividual / Sole Proprietorship Oother			3				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		s in excess of \$400 to a cand or business he/she is association \$5,000?			Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1?	Yes Is contri No If ye	butor a principal of a state cos, indicate which branch or	ontractor or prospective s branches	No			
If yes, list Event #	or go	vernment the contract is with		Legislative		·	
		SUBTOTAL	Section M — This Pa	age			
		TOTAL of add	itional Section M Pa	ges			
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	(Enter total on Line 23, Colu	mn A of Summary Page T	Totals) 0			
	N. Refu	ndable Deposit to T	elephone Compa	ny	445		
Last Name of Individual		First		MI	Date Deposi	t Made	
Residential Street Address		City		State Zip Code		Amount of Deposit	
Name of Telephone Company		L			_		
Street Address		City		State Zip Code			
TOTAL SE	CTION N (Ente	er total on Line 24, Column	A of Summary Page To	tals) 0			

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Ellen for Mayor			October 10			
	P. Expenses	Paid by Committee				
Name of Payee	•	·	Date of Payment	Method of Payment:		
Paypal			7/18/19	O Check # Debit Card OEFT		
Street Address		City	<u> </u>	State Zip Code		
2211 North First	Street	San Jose		CA 95121		
Purpose of Expenditure (by code) WEB	Description on-line contribution processing		Event#	Amount 5.98		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ				
Name of Payee			Date of Payment	Method of Payment:		
Paypal			7/18/19	Check #  Debit Card		
Street Address		City		State Zip Code		
2211 North First	Street	San Jose		CA 95121		
Purpose of Expenditure	Description		Event #	Amount		
(by code) WEB	on-line contribution processing			4.23		
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of Payment:		
LJ's Pizza			7/19/19	O Check # 105 Debit Card DEFT		
Street Address		City		State Zip Code		
101 Maple Stree	t	Bristol		CT 06010		
Purpose of Expenditure (by code)	Description		Event #	Amount		
FNDR	food for fundraiser		07/18/19	236.90		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Indepen	,			
Name of Payee		Olganiza	Date of Payment	Method of Payment:		
Ellen A. Zoppo-S	Sassu		8/6/19	O Check #106 Debit Card Debit Card Debit Card		
Street Address		City		State Zip Code		
58 Merriman Str	eet	Bristol		CT 06010		
Purpose of Expenditure (by code) RCW	Description reimbursement for food from Price Choppe	r	Event # 7/18/19	Amount 53.99		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D					
	$\overline{\mathbf{s}}$	UBTOTAL Section P —	-This Page 301.10			
	TO	ΓAL of additional Section	on P Pages 2529.35			
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary				
	(Linter tout on Line	1), Commit A of Summiny				

### Section P. ADDITIONAL PAGE 1\_\_\_\_ of 4\_\_\_\_

of	4
of	7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Ellen for Mayor				Oct 1	Oct 10			
	P. Expenses	Paid by Committee	3.5		<b>有其事的是</b>			
Name of Payee	Name of Payee Date of Payment							
Ellen A. Zoppo-Sa	ssu			08/07	7/19	Check Debit		
Street Address		City				State	Zip Code	
58 Merriman Stree	∍t 	Bristol				СТ	06010	
Purpose of Expenditure (by code)	Description Event # Reimbursement for supplies Family Dollar for fundraiser 7/18/19					43.34	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checke	d)		43.34		
(у аррисано)	<ul> <li>None of the below (does not involve another candidate or continuous Coordinated with reimbursement sought (joint expenditure)</li> <li>Coordinated without reimbursement sought (in-kind contract)</li> </ul>	re) 🔘 Independ		A ()	в Ос Ор			
Name of Payee				Date of	Payment	Method of I	•	
Burlington Avenue	e Wine and Spirits			7/18/	19	Check Debit		
Street Address		City				State	Zip Code	
152 Burlington Av	e	Bristol				СТ	06010	
Purpose of Expenditure (by code)	Description		Event #				Amount	
FNDR	beverages for fundraiser		7/18/	/19 		139.81		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und	-	checked	1)				
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independ	_	. ^	вОсОр			
Name of Payee	9	Organizat				Method of F	Payment:	
U.S. Postal Service						O Check #109		
Street Address		City				Debit Card EFT State Zip Code		
151 North Main St	reet	Bristol				СТ	06010	
Purpose of Expenditure (by code)	Description		Event #	ŧ			Amount	
POST	stamps					165.00	)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	checke	?d)				
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur		dent					
	Coordinated without reimbursement sought (in-kind control	ribution) Organiza	ation.	) <sub>A</sub> O	B Oc OD			
Name of Payee			- 1		Payment	Method of F Check	•	
Webster Bank				7/31/	′19	O Debit		
Street Address		City				State	Zip Code	
150 Main St	·	Bristol				СТ	06010	
Purpose of Expenditure (by code)	Description		Event #	<i>‡</i>			Amount	
BNK	currency charge					1.00		
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
	None of the below (does not involve another candidate or core Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution).	e) 🔘 Independ		A O	B Oc Od			
	$\mathbf{s}$	UBTOTAL Section P —	5 30 4					

### Section P. ADDITIONAL PAGE 2\_\_\_\_ of 4\_\_\_\_

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)			ΓΥΡΕ OF REPORT	2			
Ellen for Mayor	Ellen for Mayor Oct 10							
	P. Expenses	Paid by Committee		\$4.8 直接 5 ·		10.151美雄		
Name of Payee	Method of Payment:							
DoubleTree			7	7/31/19	© Check #110  Debit Card  © EFT			
Street Address		City			State	Zip Code		
42 Century Drive	entury Drive Bristol				СТ	06010		
Purpose of Expenditure (by code)	Description		Amount					
FNDR	Banquet hall		7/31/	19	600.00			
(ij applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra							
Name of Payee				Date of Payment	Method of I	*		
DoubleTree			7	//31/19	Check # Debit Card DEFT			
Street Address		City			State	Zip Code		
42 Century Drive		Bristol			СТ	06010		
Purpose of Expenditure	Description		Event #			Amount		
(by code) FNDR	beverages for fundraiser		7/31/1	19	85.25			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	mmittee)	lent tion <b>O</b> A	ОвОс Ор				
Name of Payee			- 1	Date of Payment	Method of I Check	•		
Paypal			8	3/6/19	Debit Card DEFT			
Street Address		City	<b>!</b> _		State	Zip Code		
2211 North First S	treet	San Jose			CA	95121		
Purpose of Expenditure (by code)	Description		Event #		Amount			
WEB	on-line contribution processing				19.14			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) are) Independ	ıdent	A OB OC OD	10.11			
Name of Payee			I	Date of Payment	Method of			
Bristol Postmaster	•			9/12/19	O Debit	_		
Street Address		City			State	Zip Code		
155 North Main Ss	street	Bristol			СТ	06010		
Purpose of Expenditure	Description		Event #			Amount		
(by code) POST	stamps				110.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	770.00						
		SUBTOTAL Section P —	– This F	Page 814.39				

## Section P. ADDITIONAL PAGE 3\_\_\_\_ of 4\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Ellen for Mayor				Oct 10			
<b>经过过金额</b> 基金	P. Expenses	Paid by Committee				46	
Name of Payee Paypal				Date of Payment Sep 13, 2019	Method of Check	k#	
Street Address		City		<u> </u>	O Debit State	Card CEFT Zip Code	
2211 North First S	Street	San Jose			СТ	95121	
Purpose of Expenditure (by code) WEB	ode)					Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	5.35					
Name of Payee				Date of Payment	Method of	=	
Bristol Historical S	Society			Sep 17, 2019	O Check #  Debit Card OEFT		
Street Address		City			State	Zip Code	
98 Summer Street	t .	Bristol	-1		СТ	06010	
Purpose of Expenditure (by code) FOOD	Pood and Beverate		Event	#	Amount 550.00		
Expenditure # (if applicable)							
Name of Payee		<del>-</del>		A O B O C O D  Date of Payment	Method of	-	
Image Ink, Inc.		Sep 27, 2019			Check	Card CEFT	
Street Address 102 Pane Road		Newington			State	Zip Code 06111	
Purpose of Expenditure (by code) PRNT	Description Envelopes		Event	#	Amount 68.23		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ndent	OA OB OC OD			
Name of Payee				Date of Payment	Method of		
Image Ink, Inc.				Sep 27, 2019	Checl		
Street Address 102 Pane Road		City Newington		,	State	Zip Code 06111	
Purpose of Expenditure (by code)	Description Door Hangers	<u> </u>	Event	#	595.56	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD						
	And the second s	SUBTOTAL Section P –	— This	Page 1,219.14			

### Section P. ADDITIONAL PAGE 4\_\_\_\_ of 4\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	8237 TE	1111		TYPE OF REPORT	五 设置	33335		
Ellen for Mayor					Oct 10				
图 医乳腺素	P. Expenses	Paid by C	ommittee	14:		144			
Name of Payee Nutmeg TV					Date of Payment Sep 30, 2019	Method of Payment:  Check #116 Debit Card  EFT			
Street Address		City				State	Zip Code		
9 Eastview Drive		Farmingto	n			СТ	06032		
Purpose of Expenditure (by code) A-TV	Description Event # Media						Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	10.64							
Name of Payee					A OB OC OD  Date of Payment	Method of			
Ellen Zoppo-Sassı	J	L			Sep 30, 2019	Check	Card OEFT		
Street Address	-1	City				State	Zip Code		
58 Merriman Stre	et	Bristol				CT	06010		
Purpose of Expenditure (by code) RCM	Description Reimbursement - Park fee for Rockwell Pavilio	on		Event #		Amount 25.00			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or complete Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)	mmittee)	Independ	dent tion <b>O</b> A	<b>А О В О</b> С <b>О</b> D				
Name of Payee					Date of Payment	Method of			
Ellen Zoppo-Sassi	u				Sep 30, 2019	Check #118 Debit Card EFT			
Street Address		City	City			State	Zip Code		
58 Merriman Stre	et	Bristol				СТ	06010		
Purpose of Expenditure (by code)	Description Stamps			Event #		Amount 110.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	Independent	ndent	A OB OC OD	110.00			
Name of Payee					Date of Payment	Method of Check			
Paypal					Sep 30, 2019	O Debit			
Street Address		City				State	Zip Code		
2211 North First S	treet	San Jose				CA	95121		
Purpose of Expenditure (by code) WEB	on-line contribution processing	•				1.03	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC DD								
	S. S	SUBTOTAL	Section P —	– This ]	Page 146.67				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	nu)	TYPE OF REPORT			
Ellen for Mayor	222 The time complete time and together the time time to the time to the time time to the time time to the time time time to the time time time time time time time tim		October 10			
	Q. Campaign Ex	penses Paid by Cand	idate			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	•	Date of Payment	Is reimb	oursement claimed?	
					Yes 🔘 No	
Street Address		City		State	Zip Code	
				State		
25 11	T <sub>2</sub> · · ·				ļ	
Purpose of Expenditure (by code)	Description		Event #	Amou		
Name of Pavee (Name of V	 		Date of Payment	Is reimb	oursement claimed?	
	·		2 and of a dy mon	_	Yes O No	
Charact Addison		Tay				
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	<b>- l.</b>	Event #		Amount	
(by code)						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🔘 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of V	Date of Payment	Is reimb	oursement claimed?			
					Yes 🔘 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	<u> </u>	Event #		Amount	
(by code)						
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date of Payment	Date of Payment Is reimbursement		
				O Yes O No		
Street Address	·	City		State	Zip Code	
Street Address		Chy		State	Zip code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
				0	Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
		SUBTOTAL Section Q —	- This Page 0			
	TO	OTAL of additional Section	on Q Pages 0			
		PENSES PAID BY CA ne 26, Column A of Summary				

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT  Ellen for Mayor  October 10					
	R. Expenses In	curred on Committee Cre		86415	
Name of Issuing Insti		Type of Credit Card:		2 56 3775	
		O Visa O Master C	Card ODiscover OAm	nerican Express	Other:
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R  None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)		) D	
Name of Vendor, Person of	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R R  None of the below  Coordinated with reimbursement sought (join  Coordinated without reimbursement sought (in the coordinated without reimbursement)	nt expenditure) Indepe	·	) D	
Name of Vendor, Person of	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>Itemization in Addendum R R</i> None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	it expenditure)		) D	
		SUBTOTAL Section R —	This Page 0		
		TOTAL of additional Section	R Pages 0		
ТО	TAL OF ALL EXPENSES INCURREI (Enter total	O ON COMMITTEE CRED on Line 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	(ער	TYPE OF REPORT		
Ellen for Mayor Oct					
<b>元连《食器书》</b>	S. Expenses Incurred by Con	nmittee but Not Paid	During this Period	基基法	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #			nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require  None of the below Coordinated with reimbursement sought (joint exper  Coordinated without reimbursement sought (in-kind	Indep	is checked)  pendent  pization: A B OC O	D	
Name of Creditor				Date Incu	rred
Street Address		City	***************************************	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require  None of the below  Coordinated with reimbursement sought (joint expendence)  Coordinated without reimbursement sought (in-kind of the second o	Indep	is checked)  endent  ization: A B OC O	D	
Name of Creditor			· · · · · · · · · · · · · · · · · · ·	Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	nount Incurred stimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Require  None of the below Coordinated with reimbursement sought (joint expendent) Coordinated without reimbursement sought (in-kind of the coordinated)	Indep	is checked)  pendent  nization:   B  C  C	D	
		SUBTOTAL Section	S-This Page 0		
		TOTAL of additional Se	ction S Pages 0		
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTEE DUE (Enter total on	RING THIS PERIOD BU Line 28, Column A of Summ			
	Previously reported Ex	xpenses Unpaid and still (	Outstanding 0		
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	ED BY COMMITTEE BU Line 28a, Column A of Summ			

NAME OF COMMUTATION				- I my		попа	NEO PIESE SELV	SS 350 V 115 V 115 V 115 V 115 V
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Ellen for Mayor  October 10								
	T. Itemization of Reimb	bui	rsements and Secon	dary Pa	yees		通道	
Last Name of Worker/Cons	sultant	Fir	rst	-		МІ		Payment to Vendor,
Zoppo-Sassu		E	llen			А	Person or <b>7/18/</b>	•
•	Entity Paid by Committee Worker/Consultant					to Reimburse n Section P:	Committee V	Worker/Consultant as
Price Chopper					• Chec			bit Card EFT
-	Person or Entity Paid by Committee Worker/Consultant	ļ	City				State	Zip Code
121 Farmington A	venue		Bristol				CT	06010
Purpose of Expenditure (by code) FNDR	Beverage for Meet and Greet Rockwell I	Paı	rk	7/18/19	9	:	53.99	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed ı	unless "None of the below"	is checked)	,			
()	None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind			endent O	O C			
Last Name of Worker/Cons	ultant	Fir	rst			МІ		Payment to Vendor,
Zoppo-Sassu		E	llen			Α	Person or 7/18/	•
	Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee V	Worker/Consultant as
Family Dollar					• Chec		_ O Del	bit Card OEFT
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
59 North Main Str	eet		Bristol				CT	06010
Purpose of Expenditure (by code) FNDR	Description plastic cutlery, supplies	Event # 7/18/19			9		Amount 43.34	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed ı	ınless "None of the below" :	is checked)			40.04	
(if applicable)	None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind		,	endent O	O C	) O		
Last Name of Worker/Const	ultant	Fir	rst			MI	Date of P Person or	Payment to Vendor, r Entity
Zoppo-Sassu		Ellen				Α	9/12/19	
Name of Vendor, Person or Bristol Postmaste	Entity Paid by Committee Worker/Consultant				reported in	n Section P:	_	Worker/Consultant as
	Person or Entity Paid by Committee Worker/Consultant		City		• Chec	CK #_110	_ Det	bit Card EFT  Zip Code
151 North Main S			Bristol				CT	06010
Purpose of Expenditure	Description		Briotor	Event #				<u> </u>
(by code) POST	stamps			Event #				Amount
	otampo		<del>-</del>	<u> </u>			55.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	nditu	ure)	endent O	0 0	) О		
		S	SUBTOTAL Section T –	— This Pa	ge 152	33		
		TC	OTAL of additional Sect	tion T Pag	ges O			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VΟ	RKERS AND CONS	ULTAN	TS 152	2.33		
					25.31			**************************************